

A pregnant woman with brown hair in a ponytail, wearing a pink long-sleeved shirt, is shown from the side, smiling and holding her belly. The background is white on top and orange on the bottom.

path to parenthood



DEPARTMENT FOR CHILDREN & FAMILIES
CHILD DEVELOPMENT DIVISION

Important Phone Numbers

Primary Care Healthcare Provider or Clinic Name:

Phone Number:

OB-GYN or Clinic Name:

Phone Number:

Midwife:

Phone Number:

Pharmacy:

Family member or friend to call in case of an emergency:

Emergency	911	
Poison Control	1-800-222-1222	
The Children's Integrated Services Program	1-800-649-HELP (4357)	www.CDDvt.org
Information Referral Services	211 (or 1-866-652-4636 from cell phones)	www.vermont211.org
SIDS Information	1-800-464-4343	
Child Development Division	1-800-649-2642	www.CDDvt.org
WIC	1-800-464-4343	www.healthvermont.gov

Police:

Fire:

The **Child Development Division** (CDD) of the Vermont Department for Children & Families is the state agency responsible for improving the well-being of Vermont's children by ensuring that safe, accessible, and quality child development services are available to every child. Through CDD, parents and families have access to a range of services to support the needs of pregnant women and young children. The Children's Integrated Services Program is a prevention and early intervention service of the Child Development Division.

www.CDDvt.org • 1-800-649-2642

A healthy pregnancy and the first years of life for you and your family are the building blocks for a future of good health.

Pregnancy is a wonderful time to learn about how you can keep up healthy habits as well as build new ones, develop relationships to support your new role as parents, and make connections with resources in your community.

Congratulations!

Pregnancy can be an exciting time for you. It can also be a time of mixed feelings, worries and uncertainty. Every pregnancy is different, yet there are changes in your body that every woman experiences. The *Path to Parenthood* will give you answers to your questions at each stage of your pregnancy, delivery and postpartum (first six weeks after delivery).

At the end of the book, there are lists for additional reading and community resources. There is also an index at the back to help you find specific topics easily.

- Use the book as a diary or workbook.
- Take the self-assessment to find out what topics you want to learn more about.
- Write in questions for your health care provider.
- Take the book with you to your prenatal appointments.
- Record information about the progress of your pregnancy and baby.

As your baby grows, we want to help you provide a safe and nurturing environment for you and your baby. Your health care and community providers are there to help you take the best possible care of yourself and your growing baby. May your journey be blessed.

*** For ease in reading and respect to both genders, the infant is referred to as “he” and “she” in alternate sections of the book.*



Table of Contents

A Healthy Start

Signs & Symptoms of Pregnancy	11
Changes in your Body, Mood & Emotions	12
Notes for Dad or Support Partners	13
Healthy Habits	14
Importance of Prenatal Care	17
Staying Healthy	18
Caffeine in Pregnancy	22
Remedies for Morning Sickness	24
Exercising for Two in Pregnancy	28
Sex in Pregnancy	35
Smoking, Drugs & Alcohol	36
Hazards in the Environment & Home	38
Exposure to Illness	43
Stress & Pregnancy	48
Trauma & Abuse in Pregnancy	48
Work and Travel	50

Prenatal Care

When is the Baby Due?	55
Pregnancy in Weeks, Months & Trimesters	56
Baby's Growth	57
What Happens at the Prenatal Visits	60

How Often are the Visits	61
Explanation of Tests	63
Dental Health	69
Changes in Your Body Throughout Pregnancy	70
Discomforts in Pregnancy	73
Warning Signs & High Blood Pressure	75
Miscarriage	76
Premature Labor & Birth	77
Prenatal Diary	80

Planning for Birth

Choosing a Birth Partner	91
Childbirth Classes	91
Birth Wishes	92
Labor & Delivery	93
Stages of Labor	97
Cesarean Birth	101
Vaginal Birth After Cesarean	102
Infant Care After Delivery	103
Newborn Facts	104
Feeding My Baby	105
Formula Feeding	107
Baby Supplies	109
Choosing Providers for the Baby	111
Preparing Siblings for the New Baby	113
Planning for Postpartum	115

Postpartum

Caring for Yourself & Your Changing Body	117
Postpartum Warning Signs of Infection and Bleeding	121
Postpartum Check-Up & Preventive Health Care for Women	122

Emotional Changes: Postpartum Mood Reactions.	124
Activity, Housework & Exercise	126
Sexual Relations	128
Birth Control.	128
Breastfeeding	132
Returning to Work or School	147
Bottle Feeding.	154
Infant Care	158

Resources

Local Programs	161
Additional Reading	163
Maternity Insurance Coverage.	167
Community Resources	172
List of Vermont Agencies by County.	173
Pregnancy Services	182
Prenatal and Childbirth Classes	183
Breastfeeding Resources/Lactation Consultation	187
Parenting, Family Support & Childcare	188
Financial Aid/Housing/Food	189
Safety	190
Child/Family Abuse	191
Mental Health/Substance Abuse.	192
Jobs & Trainings	193
Acknowledgements.	194

Index	195
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Educational Self-Assessment

Please check whether you understand the topic or need more information.
If you want to learn more about the topic, please refer to the pages listed.

Already know	Need more information	Learning Topic	Reference page
		A HEALTHY START	
		Signs and symptoms of pregnancy	11
		Changes in body, mind & emotions	12
		Healthy diet during pregnancy	18
		Caffeine use	23
		Morning sickness	24
		Exercises during pregnancy	28
		Avoiding drugs & alcohol	36
		Hazards in the environment & home	38
		Exposure to illness	43
		Stress and pregnancy	48
		Work & travel	50
		PRENATAL CARE	
		When is the baby due	55
		Pregnancy in weeks, months & trimester	56
		Baby's growth	57
		What happens at prenatal visits	60
		Tests in pregnancy	63
		Dental health	69

Already know	Need more information	Learning Topic	Reference page
		Changes in your body	70
		Discomforts in pregnancy	73
		Warning signs	75
		Premature labor & birth	77
		BIRTHING & PLANNING FOR POSTPARTUM	
		Choosing a birth partner	91
		Childbirth classes	91
		Signs of labor; labor & delivery	93
		Labor & delivery	94
		Vaginal birth after a C-section	102
		Infant feeding	105
		Baby supplies	109
		Car seat safety	110
		Choosing a health care provider	111
		Sibling preparation	113
		POSTPARTUM	
		Caring for yourself after delivery	117
		Emotional changes	124
		Sexual relations	128
		Birth control	128
		Breastfeeding	130
		Bottlefeeding	153
		Infant care	156





A Healthy Start

Signs and Symptoms of Pregnancy

At this time, you know or suspect that you are pregnant. Common signs of pregnancy are:

- missed period
- sore or tender breasts
- nausea and / or vomiting
- frequent urination
- bloated feeling
- fatigue

The health of you and your baby deserve the best of care!

Your health care provider will confirm that you are pregnant and tell you the baby's due date. It is very important that you get prenatal care early in your pregnancy and at regular times throughout your pregnancy. Most women see their health care provider nine to thirteen visits during their pregnancy.

Changes in your Body, Mood & Emotions

Each stage of your pregnancy will feel a little different. Look in the **Prenatal Care** section of this book for what happens during pregnancy by weeks, months, and trimesters. There is also a table that compares the changes in your body and what you might feel. Pictures show how big your baby is at different months and what he looks like.

Not only will you notice changes in how your body looks and feels, you may go through many emotional changes. Emotions are caused by hormones. You may have mood swings. You may feel fine one minute then may be crying the next. This is normal and can happen any time during your pregnancy. Your moods can be worrisome for you, your partner, your family, and friends. Don't blame yourself. Talk about your feelings and ask your loved ones to be patient and supportive!

Notes for Dad or Support Partners

Pregnancy is an important time for fathers and partners as well as mothers and babies. Your wife or partner needs your support, but you need support too! Here are some ways to share in the excitement and get the support you need:

- Encourage mom to eat healthy foods — this is something you can do together!
- Attend prenatal checkups and childbirth education classes.
- Talk with your partner and other supportive people about what parenting is like for them.
- Remember that your pregnant partner is adjusting to a lot of changes both physically and emotionally. She may need some extra time and attention during this time.
- Support mom's efforts to stop smoking, drinking alcohol, or taking illegal drugs. *Dads, friends and family can quit at the same time as their partner.*
- Share household tasks.
- Talk to your baby. Unborn babies can hear your voice and may learn to enjoy your favorite music.
- Discover how to care for an infant. Pregnant mothers may be very focused on getting through labor and birth. You may be able to focus more on infant care information during the pregnancy.
- Plan time off from work to be with your partner and baby. See the section on family leave.
- Talk with your partner and relatives about the importance of breastfeeding.



Did You Know?

- After one month, the baby is the size of a peanut but the heart is already beating!
- By 2 months, eyes, ears, a mouth, arms, legs, fingers, and toes are beginning to develop.

Healthy Habits

These are things you can do to create a healthy place for your baby to grow.

- **Do eat a balanced diet** at regular times during the day. Include several servings of fruits, vegetables, dairy products, and protein.
- **Do take your prenatal vitamin** each day if prescribed by your health care provider.
- **Do drink 6-8 glasses of water** and other liquids each day.
- **Do brush and floss your teeth** at least once a day and continue to see your dentist on a regular basis.
- **Do exercise regularly.** Walking is perfect. This is not a time to start a rigorous exercise program.
- **Do get at least 7-8 hours of sleep** every night and take time to relax each day.
- **Do keep all your health care appointments.** If you miss one, don't wait until the next month. Call right away for another appointment.

- **Do wear your seat belt** when riding or driving a car or truck. Use both lap and shoulder belts. Keep the lap belt below your belly and pull it snug.
- **Do avoid substances that can be harmful** to your baby: cigarettes, alcohol, and drugs.
- **Do read labels and warnings** on all chemicals, paints, bug sprays, or cleaners before you use them. Look for any warnings about use or exposure when you are pregnant.



Create a Healthy Environment for Your Baby

FILL IN THE BLANK

Belly	Diet	Walk	Vitamin
Sleep	Cigarettes	Talk	Breastfeeding
Teeth	Water		

1. Eat a balanced _____ with lots of fruits, vegetables, dairy products, and protein at regular times during the day.
2. Take your prenatal _____ every day.
3. Drink 6-8 glasses of _____ each day.
4. Exercise regularly. A 20-30 minute brisk _____ is perfect.
5. Always wear your seat belt. The lap belt should be placed under your _____.
6. Brush and floss your _____ at least once a day.
7. You should get at least 7-8 hours of _____ every night and take time to relax during the day.
8. Consider _____ your baby.
9. _____ to your baby. He/she can hear sounds, voices and music!
10. Avoid substances that are harmful to your baby, like _____, alcohol, and drugs.

Importance of Prenatal Care

Regular prenatal care is one of the most important things you can do to take care of yourself and your baby. Regular visits give you a chance to ask questions and make sure you and your baby are checked for potential risks or problems throughout the pregnancy. You will get information about your pregnancy and what to expect. Under the **Prenatal Care Section** there is a more detailed explanation of how often you need to be seen, what happens during your visits, and an explanation of most of the tests that will be done. There is also a place for you to record information from your visits.

When you are pregnant, you may see several health professionals such as doctors, nurse midwives, nurses, social workers, nutritionists, or dentists. During these visits, it is important to ask them questions about your pregnancy, your developing baby or any other concerns you may have. Writing down questions before your visits will help you to remember everything that you wish to talk about.

You may also be eligible for pregnancy support visits with professionals in the community. The **Healthy Babies Kids & Families** program offers information, referral, health education, care coordination and support by nurses and family support staff. They can help you connect with high quality health care and other services in your community.

Call 1-800-649-HELP.

Staying Healthy

Prenatal Nutrition

It is important to eat healthy foods while you are pregnant. Pregnancy is a perfect time to develop and strengthen healthy eating habits.

Seven basic nutrients that the body needs:

1. **Protein** - for growth of muscles, bones, and organs
2. **Carbohydrates** - for energy
3. **Fat** - for energy and cell growth
4. **Vitamins** - for making organs, nerves and muscles work right
5. **Minerals** - healthy growth of bones, teeth, and blood
6. **Fiber** - better digestion of foods and prevention of certain diseases
7. **Water** - for normal working of the body. All cells contain water.

There are five food groups to choose foods from each day. It is also important to include healthy fats such as olive and canola oil.

The food groups are:

1. **Breads and Grains:** Eat whole grains for at least half of your servings. Includes bread, tortillas, rice, pasta, crackers, noodles, muffin, and cereal. Fortified cereals have folic acid and iron.
2. **Vegetables¹:** Eat more dark green and orange veggies. Includes spinach, broccoli, carrots, squash, green beans, and peas. Leafy green vegetables are a good source of folic acid.
3. **Fruits:** Eat a variety of fruit, but go easy on fruit juices. Includes oranges, watermelon, strawberries, bananas, apples, dried fruits, and 100% fruit juices.
4. **Milk and Milk Products²:** Go low-fat or fat-free. Choose low-fat milk, yogurt, cheese, or custard for protein and calcium.

¹ All fruits and vegetables should be washed before eating.

5. Meat and Beans: Choose low-fat or lean meats, fish, and poultry. Includes beef, pork, liver, chicken, turkey, fish, eggs, tofu, seeds, baked beans, and peanut butter. Limit high fat processed meats such as hot dogs, bologna, bacon, or sausage.

(See the Food Guide Pyramid at www.MyPyramid.gov for suggested number of servings for pregnant/breastfeeding women and teens.)

How big is a serving?

For fruit, a serving is one apple or orange, $\frac{1}{2}$ cup of applesauce or $\frac{3}{4}$ cup of juice. A serving of grains is one slice of bread, 1 cup of dry cereal, $\frac{1}{2}$ cup rice or pasta. A serving of meats/beans includes 2-3 ounces of meat or chicken, 2 eggs or 1 tablespoon peanut butter. A serving of milk includes one cup of milk or yogurt or $1\frac{1}{2}$ ounces of cheese.

Limit foods high in fats and sweets such as doughnuts, chips, cookies and candy.

Folic Acid

Folic acid, or folate, is a B vitamin found mainly in orange juice, green leafy vegetables, beans, peas, liver, and fortified breakfast cereals. Folic acid is also provided in some daily multiple vitamin brands and in prenatal vitamins. All women of child bearing age should take 400 mcg (micrograms) of folic acid daily. This reduces the risk of having a baby with birth defects of the brain and spinal cord. Folic acid may also help prevent cleft lip and cleft palate. Women who have had an infant with a brain or spinal cord defect should discuss with their health care provider how much folic acid they need before their next pregnancy. You can get the right amount by taking a multi-vitamin with folic acid and by eating a healthy diet that includes foods that contain folate, the natural form of the vitamin.

² The American College of Obstetrics and Gynecology (ACOG) advises pregnant women not to eat or drink unpasteurized milk, soft cheeses, cold meats, or undercooked or raw foods. This is due to a bacteria called Listeriosis which can cause problems for the developing fetus and miscarriage.



MyPyramid.gov

STEPS TO A HEALTHIER YOU

The food guide pyramid can help you choose foods and serving sizes that are right for you. Go to www.mypyramid.gov to find “Steps to a Healthier You”. A Vermont *Eat for Health* website can help you make healthy eating decisions, find shopping ideas, eating out, buying local products, and more at <http://healthvermont.gov/eatforhealth/>

Nutrition Guidelines

- Remember to drink at least 6-10 tall (8-oz) glasses of water every day.
- Pregnant women may need up to 500 more calories than their usual daily diet, if your activity level remains the same.
- Recommended weight gain for pregnancy is 25-35 pounds. Talk with your health care provider about what’s best for you.

Women who are underweight should gain more. Those who are overweight should gain less.

Gaining weight may be upsetting to some pregnant woman. Try to remember how important good nutrition is to the health of your baby.

Let your health care provider know if you have a history of anorexia or bulimia (vomiting) so you can make a plan to manage your eating habits.

Most women lose the weight gained in pregnancy a few months after they have their baby. Exercise and good nutrition can help you to lose weight after your baby is born.

Did You Know...

- **Swelling** of your hands and feet is common, especially late in the pregnancy. Be aware of the amount of salt in the foods you eat, because salt makes the body retain water. This can lead to swelling. Soups, crackers, chips, luncheon meats, hot dogs, fast foods, and even canned and frozen foods can be high in salt.
- **Low iron, or anemia**, is common when pregnant. Good nutrition, vitamins and iron supplements can help build new red blood cells. Some iron rich foods include fortified cereals, lean meats, lima beans, spinach, fish, black or pinto beans, peas, tofu, enriched rice, whole wheat bread, and dried plums or apricots.
- If **constipation** occurs, increase the fiber in your diet by including fresh fruits, vegetables, whole grain breads, and cereals. Drink plenty of fluids.
- **Heartburn** can also be a problem. If it is, avoid things like caffeine (coffee, tea, cola or chocolate) and spicy foods. Six small meals per day may cause less heartburn or feel better than three regular size meals.
- If you are **under the age of 18**, try to get extra protein and dairy foods since you are also still growing.
- Limit **extra weight gain** by eating less fried foods and using less butter, margarine, lard, and salad dressing. Try drinking low fat milk and eating fish or poultry rather than beef.
- **Calcium** is a must during pregnancy for baby's bones and teeth. Besides milk, cheese and yogurt, other sources of calcium foods include nuts, broc-

coli, cabbage, kale and shellfish. You may need to take a calcium supplement if you have difficulty eating calcium rich foods. Tums, an antacid, is a good source of calcium, but should not be taken at the same time of day as your prenatal vitamins or iron supplements. Getting enough calcium in your diet can also prevent lead absorption or release of lead that is stored in your bones.

- **Vegetarian diets** that include milk, cheese, cereals, nuts and seeds in addition to vegetables and fruit can provide the nutrients needed for pregnancy. If you are on a vegetarian diet without milk or with other restrictions, discuss food choices with your health care provider. Sometimes supplements (especially iron, vitamin D, and vitamin B₁₂) are needed to give you all the nutrients your body needs.

Caffeine in Pregnancy

Caffeine is a stimulant drug found in many foods, sodas, and medications. It easily crosses the placenta into the baby's blood system.

Research has not shown a link between caffeine and birth defects in humans. However, high caffeine intake of 300 milligrams or more per day (see caffeine equivalents), has been linked to low birth weight babies. Low birth weight is a major risk factor for other problems in the baby's first year of life. High caffeine intake combined with other habits in pregnancy, such as alcohol use and smoking, may further increase the risk of pregnancy problems.

During pregnancy and breastfeeding, try not to consume more than 300 mg. of caffeine per day.

Caffeine Equivalents:

Fresh Coffee, 1 cup (8oz.)	about 100 mg. <i>(espresso drinks contain more)</i>
Instant coffee, 6 oz.	57-75 mg.
Soda, 12 oz.	32-65 mg.
Tea, 1 cup	8-107 mg.
Cocoa, 1 cup	5-40 mg.
Chocolate, 1 oz.	6 mg.
Baking chocolate	35 mg.
Headache tablets	65 mg.
Stay-awake remedies	100 mg.

Remedies for Morning Sickness

Nausea and vomiting may occur during the early months of pregnancy. Although it is called “morning sickness,” these symptoms can occur at any time of the day or night. Usually it stops after the third month.

To *prevent* morning sickness, try the following suggestions until you find one that works for you:

- Eat a piece of bread or a few crackers before you get out of bed in the morning, place them close to your bed the night before, or when you feel nauseated.
- Get out of bed slowly. Avoid sudden movements.
- Have some yogurt, cottage cheese, juice, or milk before you go to bed, or try one of these if you are up during the night.
- Eat small meals during the day, as often as every two to three hours, so your stomach isn’t empty for very long.
- Eat high protein foods — eggs, cheese, nuts, meats, etc. These foods help prevent low levels of sugar in your blood, which can also cause nausea.
- Drink soups and other liquids between meals instead of with meals.
- Avoid greasy fried foods. They are hard to digest.
- Avoid spicy, heavily seasoned foods.
- Take your prenatal vitamin with meals or right before bed.
- It is best not to lie down immediately after eating.
- Do get plenty of rest.

To help *cure* morning sickness, try these suggestions:

- Sip soda water (carbonated water), ginger ale, or ginger tea when you begin to feel nauseated.
- Get fresh air – take a walk, sleep with windows open, use an exhaust fan, or open a window when you cook.

- Take deep breaths.
- Drink spearmint, raspberry leaf, or peppermint tea.
- Try any of the suggestions listed above under “Prevention.”

If it becomes difficult to keep food or liquids down or if vomiting continues, you should call your health care provider for an appointment.

WIC — the Special Supplemental Nutrition Program for Women, Infants and Children

WIC is a federal program that provides information on healthy eating, nutritious foods to supplement your diet, and referrals for health care. WIC may be able to help if you are pregnant, recently gave birth, are breastfeeding, have a low income or no income, and/or have a nutrition or health concern. WIC provides certain foods from each of the five major food groups, such as cereal, juice, milk, eggs, cheese, and peanut butter. You may stay on WIC:

- While you are pregnant
- For six months after birth if you are bottle feeding
- Up to one year after birth as long as you are breastfeeding
- For six weeks to six months following a miscarriage, depending on certain circumstances

Many families with two working parents are surprised to find that they are eligible for WIC benefits and Medicaid insurance because their combined incomes fall within the federal guidelines for assistance. Visit www.healthvermont.gov or **call 1-800-464-4343** or your local health department to find out more information about WIC and other programs for pregnant and postpartum women.

Healthy Habits for a Healthy Pregnancy

What did you eat yesterday? Write down everything you can remember.

What sources of milk did you have?

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cereal | <input type="checkbox"/> Cheese |
| <input type="checkbox"/> Low fat milk | <input type="checkbox"/> Custard |
| <input type="checkbox"/> Yogurt | <input type="checkbox"/> Others _____ |

What did you eat with folic acid?

- | | |
|---|---|
| <input type="checkbox"/> Orange juice | <input type="checkbox"/> Fortified breakfast cereal |
| <input type="checkbox"/> Green leafy vegetables | <input type="checkbox"/> Prenatal vitamin |
| <input type="checkbox"/> Beans or peas | |

What sources of fiber did you have?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Cereal | <input type="checkbox"/> Vegetables |
| <input type="checkbox"/> Granola | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Whole wheat bread | |

Did you have heartburn? ☐ Yes ☐ No

Did you have any salty or fatty snack foods?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Doughnuts | <input type="checkbox"/> Candy |
| <input type="checkbox"/> Chips | <input type="checkbox"/> Hot dogs, bologna, bacon,
or sausage |
| <input type="checkbox"/> Cookies | |

How can you make your diet healthier and improve your nutrition?

Check off ideas you will try below.

- ☐ Use wheat bread instead of white bread
- ☐ Eat a fortified breakfast cereal each morning
- ☐ Drink a glass of low fat milk with dinner
(at least 3 milk products a day)
- ☐ Carry a water bottle with you during the day (6-8 tall glasses a day)
- ☐ Eat more vegetables with meals or as healthy snacks during the
day (4-5 a day)
- ☐ Snack on fruits (at least 3 a day)
- ☐ Cut back on processed snack foods like chips, candy, sugary snacks
- ☐ Add beans or nuts to meals
- ☐ Other ideas?

Exercising for Two in Pregnancy

Women who exercise have fewer problems with backache, constipation, fatigue, and excess weight gain. Regular exercise has been shown to prevent chronic illnesses, anxiety, or depression. There is no evidence that exercise has harmful effects on your baby or increases the risk of miscarriage or birth defects.

If exercise safe for all pregnant women?

No. Women who have a history of preterm labor or obstetrical complications such as bleeding, ruptured membranes or high blood pressure should not exercise. Check with your doctor or midwife before starting any exercise program.

Physical changes during pregnancy can affect safe exercise. Knowing about these changes will help you choose activities that are safe. Changes include:

- Looser joints that are more prone to injury. This is due to hormone levels.
- A changing sense of balance as your baby and breasts grow in size.
- Increased need for oxygen. A pregnant woman may easily get out of breath.

If you exercise regularly and are not having any problems with your pregnancy, it is usually safe to continue in moderation. If exercise is making you more tired instead of energized, you may be overdoing it. Three 10-minute sessions a day will result in important health benefits.

Exercise choices:

- Swimming is a great choice. Local health clubs, such as the YMCA, often offer exercise classes for pregnancy.
- Walking is one of the best forms of exercise. Try walking briskly for 20-30 minutes three times a week.
- Bicycling may be safest on a stationary bike.
- Even moderately strenuous housework and gardening 30 minutes a day count as exercise.

Exercises can also strengthen and condition the muscles you will use in labor and delivery. A few simple exercises are given below.

Kegel Exercises or Pelvic Floor Exercises

Kegel exercises strengthen the muscles of your pelvic floor. These muscles support the organs in the abdomen and pelvis.

Just to get an idea of where the pelvic muscles are, while on the toilet try to stop and start the flow of urine once or twice by tightening the muscles in the pelvic area. You will feel a slight lifting of the pelvic floor. Once you learn how to do the Kegel, don't continue using Kegel exercises to stop the flow of urine. This could put you at risk for a urinary tract (bladder) infection. Once you know how to tighten these muscles, you can do Kegels anytime, anywhere. To do Kegels on a regular basis, tighten the pelvic muscles as you count to five, then relax them.

Pelvic Rock

Pelvic rock exercise helps low back pain by strengthening stomach muscles.

1. On hands and knees with your back straight, breathe in and relax your back.
2. Breathe out; tighten your stomach muscles while pulling your buttocks under you. Your back will arch. Count to five. Breathe in again and relax your stomach.
3. Stand up and pull your buttocks under.
4. You can do this as often as possible each day.



Standing with Your Back Straight

This doesn't sound like much of an exercise, but how you stand can really affect your back comfort. Practice this exercise to prevent low back pain.

1. Stand sideways in a mirror with bare feet.
2. Pull your chin and your head up.
3. Bring your shoulders down and back.
4. Pull your belly in and your buttocks under – like doing the pelvic tilt. Practice standing and walking this way until it becomes a habit.



Squatting and Sitting Cross-Legged

These exercises help:

- To loosen your hips and the joints of your pelvis.
- To stretch your inner thighs.
- To help with back pain during pregnancy.
- During delivery.

Squatting (Skip if you have knee or hip problems)

1. Start with your feet about one to two feet apart. Hold onto a chair to avoid falling.
2. Squat down slowly, keeping heels on the floor, if you can. Your weight should be on your whole foot, not just your toes.
3. Moving your feet apart a little more may allow you to get your heels down.
4. Stay down in a squat for thirty seconds. Work up to two minutes over time.
5. Stand up slowly.
6. Do this five to ten times daily.



Sitting Cross-Legged

1. Sit on the floor.
2. Spread your knees wide apart and cross your ankles. For a bigger stretch, put the soles of your feet together.
3. Once you feel the muscles of the inner thigh stretch, hold the stretch for thirty to sixty seconds.
4. Do not bounce your knees or press them down with your hands or elbows.
5. Repeat two to three times.



Guidelines for Exercise in Pregnancy:

- Talk with your doctor or midwife before starting or continuing any exercise program.
- Stop exercising immediately if you experience any of the following:
 - You become breathless, dizzy, weak, or nauseous;
 - You have chest pain or tightness in the chest, contractions of the uterus, or vaginal bleeding.
- Consult your doctor or midwife immediately if you have bleeding from the vagina or if the other symptoms continue after you stop exercising.
- Drink plenty of water before and after exercising to avoid dehydration. Avoid exercise when it is hot and humid or if you have a fever.
- Eat regularly. If you are not gaining weight well or become dizzy and weak with exercise, you may not be eating enough.

- Always “warm up” and “cool down.” Begin each exercise session slowly, giving muscles time to warm up. If you stop exercising abruptly, blood traps in the muscles and lessens the blood supply to the baby and the rest of your body. Cool down by walking or stretching. Stretching exercises are good to stay limber and avoid muscle injuries.
- Avoid stretching to the point of pain.
- Exercise regularly; daily or three times a week. Regular exercise prevents strain on your muscles. If you did not exercise regularly before pregnancy, start out slowly and move at a comfortable pace to higher levels.
- Wear a bra and shoes that provide good support.
- Rest for a few minutes after an exercise session.

Avoid the following activities such as:

- “High impact” activities, such as high impact aerobics.
- Holding your breath or bearing down.
- Raising and lowering both legs at the same time.
- Bungee jumping or surfing.
- Full sit-ups and straight leg toe touches.
- Water skiing, diving, snowmobiling, horseback riding, and downhill skiing.
- Lying flat on your back after 20 weeks of pregnancy. The weight of the baby on your blood vessels can cut down on blood flow to the baby.

Sex in Pregnancy

Having sex will not harm the baby if the pregnancy is normal. Some women enjoy sex more because they don't have to worry about getting pregnant. Some women lose their sex drive due to fatigue, nausea, or fears about the baby and body changes. It is important to discuss your feelings with your partner. Different positions for intercourse such as side lying or with the woman on top may help. A pregnant woman may worry that she is not attractive or appealing to her partner. It is important to share these feelings so that neither partner feels rejected. Sometimes just holding each other creates enough intimacy. *The basic guide to sex during pregnancy is your own comfort!*

Your health care provider may advise not having sex if you experience a problem in the pregnancy. Placenta previa, bleeding, or a history of preterm labor are examples of such problems. Other times to avoid sexual intercourse are:

- If your membranes have broken, intercourse could be harmful to the baby due to an infection developing.
- If bleeding occurs from the vagina.
- If your partner has a sexually transmitted disease (STD). STD's spread from one person to another during sex. Herpes, chlamydia, syphilis, gonorrhea, human papilloma virus (HPV), hepatitis B, and HIV are examples of STD's. Any of these could harm you and your unborn baby.

What About Smoking, Drugs and Alcohol?

Be honest if you use any of these substances and talk with your health care provider about ways to change these habits.

■ **Tobacco products and smoking** can lead to:

- Miscarriage, stillbirth, placental problems, premature births and low birth weight babies.
- Higher rates of childhood asthma and Sudden Infant Death Syndrome (SIDS).
- Call the Vermont Quit Line, toll-free, for telephone counseling as well as community cessation class referral.
1-877-YES-QUIT (1-877-937-7848).
- Many women quit smoking during pregnancy, but find they start again after the baby is born. After all your hard work to quit, it is best to stay quit! You may need different strategies to keep from smoking again. Continue to get help with this habit by calling the Vermont Quit Line, your health care provider or your home visitor.

■ **Alcohol** is harmful and should be avoided by all pregnant women. No amount of alcohol is safe to drink during pregnancy. Alcohol use by a partner or other support person in your life has effects on your health, too. Talk with your health care provider about making positive changes for yourself and your baby.

Fetal Alcohol Spectrum Disorders (FASD) describes the effects that can happen to a baby whose mother drank alcohol during pregnancy. Alcohol effects can last a lifetime. These effects may include physical, mental, behavioral, and/or learning disabilities. FASD is completely preventable.

- *If you are pregnant, don't drink.*
- *If you drink, don't get pregnant.*
- *If you are pregnant & have been drinking, stopping now will help your baby's health and future.*

- **Street drugs** (crack, cocaine, marijuana, heroin, or PCP) can:
 - Cause your baby to be born dependent on these drugs.
 - Cause premature labor and/or birth, miscarriage, stillbirth or postpartum hemorrhage.
 - Cause sleep disturbances, withdrawal and contribute to learning disabilities as your child grows.
- **Medicines, prescription drugs, or skin creams** should only be taken after talking with your health care provider or pharmacist. Some medications such as Accutane can cause serious birth defects.

1. If you smoke, drink alcohol, or use drugs, how will you make your life and your baby's life healthier?

2. What questions or concerns will you discuss with your health care provider?

Hazards in the Environment & Home

There are many questions families usually have about things that might harm the baby. The following list are items considered safe during pregnancy:

- Hair coloring
- Perms
- Nutrasweet or Splenda in small amounts
- Sunscreen
- Spermicides

There is no evidence that the following cause birth defects:

- Airport Metal Detectors
- Electric Blankets
- Household cleaners
- Latex paint
- Microwave ovens
- Waterbeds

Pesticides

Pregnant women should avoid exposure to pesticides, which may contribute to miscarriage, preterm delivery, birth defects, and may affect the development of the fetus' reproductive system. Exposure can be reduced during pregnancy by:

- controlling pest problems with less toxic products such as boric acid.
- having someone else apply the chemicals while you leave the area for the time stated on the package.
- removing food, dishes and utensils from the area before a pesticide is applied. Afterward, have someone else open the windows and wash off all surfaces on which food is prepared.
- closing all windows and turn off air conditioning when pesticides are used outdoors.
- wearing rubber gloves when gardening to prevent skin contact with pesticides.

The safety of using insect repellants such as DEET (diethyltoluamide) has not been fully studied during pregnancy. Do not apply it to skin. If you

must use DEET, use gloves or an applicator and place small amounts on socks shoes or other clothing.

Hazards to Be Aware Of

Lead

Lead is a highly toxic metal that has been and still is used in household and industrial products. Lead exposure can increase the risk of miscarriage, premature birth, stillbirth or low birth weight.

It can also cause permanent disabilities to a child. Lead enters the body by inhaling or ingesting it, most often as lead dust. In a pregnant woman, lead can be passed to the baby through the placenta.

Lead Poisoning Basics

Sources of Lead

Lead-based Paint: chipping or peeling paint and paint dust from homes or buildings built before 1978

Soil: contaminated with lead by chipping or peeling paint outside of home or along roadways where deposited from the days of leaded gas

Water: older plumbing with lead pipes or pipes with leaded solder joints

Work: lead dust may be on work clothes or hair and brought home from occupations such as welding, radiator repair, battery manufacturing, spray finishing, paint manufacturing, demolition

Hobbies: gun reloading, target practice, ceramics, refinishing furniture, stained glass, and fishing weights

Imported cosmetics or folk remedies: examples include-azarcon, greta, kohl, surma and ay-loo-ah

Food: stored in leaded-glass or some ceramic containers or from vegetables grown in lead-contaminated soil

What you can do:

- Don't remove lead paint yourself. This creates dust that can harm you and your baby.
- Relocate if renovations are being made to a house built before 1978 and make sure the person making renovations knows how to work lead-safe.
- Minimize lead dust. Have someone wet-mop floors and wet-wipe windowsills, using disposable towels.
- Do NOT use a regular vacuum or sweep—this just spreads lead dust around. A HEPA vacuum that filters to 99.97% may be used.
- Run tap water until it is as cold as it can get to use for drinking, cooking and mixing formula.
- Wash hands before cooking and eating.
- Eat a nutritious diet. Eat foods with lots of iron and lots of calcium. Avoid fatty foods—fat lets your body absorb lead faster.
- Have household members who work with lead change their clothes and shoes before they come home from work. Wash work clothes separately.
- Choose hobbies carefully. Avoid craft materials that contain lead while you are pregnant.
- Avoid products that contain lead, such as folk remedies listed above.
- Check your miniblinds. Some miniblinds from foreign countries contain lead. If you don't know if your miniblinds are lead-free, replace them.
- Handle foods carefully. Don't drink hot beverages from ceramics if you are unsure of the glaze.
- Store food in clean plastic or glass containers. Do NOT use leaded crystal, pottery, ceramic, silver, or pewter dishes for food storage.
- Test your child for lead at ages 1 and 2 years.

How to get more information

Vermont Department of Health: **1-800-439-8550**

Vermont websites:

www.healthvermont.gov and **www.leadsafevermont.org**

National Lead Information Hotline: **1-800-424-LEAD**

Carbon monoxide

You can't see, taste or smell this gas. Early symptoms of carbon monoxide poisoning are like having the flu, such as headaches, dizziness, nausea or fatigue, and can cause death. If you suspect carbon monoxide poisoning, leave where you are immediately and get medical attention.

What you can do:

- Install a carbon monoxide detector (that meets UL rating 2034) in your home.
- Have heating and fuel burning appliances inspected and cleaned yearly.
- Check outside heating vents for snow blockage.
- Do not smoke in your home.
- Do not leave a car running in an attached garage even with the garage door open.
- Do not use a gas stove, oven or unvented space heater to heat a room.

For more information

Call Vermont Department of Health, Environmental Health Hotline
1-800-439-8550 or contact your local fire department.

Hot Tubs, Saunas or Steam Rooms

Using these can raise your body temperature too high. This can cause defects of your baby's spinal cord, brain and nervous system. Hot water temperature is safe below 102°F.

Cat Litter boxes, gardening, and uncooked meats

The following may have parasites which cause the disease toxoplasmosis. This disease may cause mild flu-like symptoms for you; however, it can cause eye or neurological damage to your unborn child.

- **Cat feces:** Have someone else empty the litter box while you are pregnant or breastfeeding.
- **Soil:** If you work in the garden, wear gloves.
- **Raw or rare meat:** Cook meat fully and wash your hands, cutting boards, plates, and utensils after handling uncooked meat.

Computers

Computers **are safe** to work at and **DO NOT** cause birth defects or miscarriage. Neck, back, hand and wrist injuries (carpal tunnel syndrome), and eyestrain are of greater concern. Rest and exercise breaks are recommended. Some women use wrist braces to help with their hands and wrists.

X-rays

Dental and other X-rays should be done only if absolutely necessary and normally in the second trimester. Tell the technician that you are pregnant so a shield can be used to protect the baby.

Mercury in Fish

There are harmful levels of mercury (and other contaminants) in some fish caught in Vermont waters as well as some fish you buy in the grocery store. Mercury harms the nervous system and is passed along to the baby through the placenta during pregnancy and through breastmilk. For information about safe eating guidelines, talk with your medical provider, see www.mercvt.org or call **1-800-439-8550**.

Well Water

If you have a well, your water should be tested for **coliform bacteria, nitrites/nitrates and lead**. Bacteria in your water can make pregnant women and other family members ill. Elevated nitrites and nitrates are linked to a condition commonly called “blue baby syndrome”. For more information on water testing, call the Vermont Department of Health at: (802) **863-7335** or **1-800-660-9997**.

Exposure to Illness

It is normal to worry about being exposed to illness. Report any exposure to your doctor or midwife. Many women are immune to certain diseases as they have developed antibodies which protect them from the disease. Immunity happens because you have had the disease or you have been immunized. Let your provider know if you have symptoms, have been exposed to, or have concerns about the following illnesses. Sometimes treatments are available to lower the risk of problems.

DISEASE	SYMPTOMS & RISKS	WHAT TO DO
Chicken Pox (Varicella)	Early symptoms include aching, fever, sore throat and itchy blister-like rash. Can lead to defects in the baby and pneumonia in mom. Baby may have the disease if you get chicken pox near delivery time.	Now recommended to vaccinate infants & children. Most adults have had it as a child. If you are immunized, antibodies you have will help protect the baby. If you are not immune try to stay away from outbreaks when pregnant!
German Measles (Rubella)	Can cause birth defects if mom gets infection when pregnant.	Most people are vaccinated against Rubella for life. It is routine to test pregnant women for antibodies and if you are not immune you should get vaccinated immediately after delivery or 3 months before your next pregnancy, but not during your pregnancy.

DISEASE	SYMPTOMS & RISKS	WHAT TO DO
Influenza (Flu)	Respiratory illness with fever, sore joints, sore throat, and dry cough. Pregnant women are considered high risk for developing pneumonia and hospitalization with the flu. Having the flu will not cause birth defects to your unborn baby.	Most recover without problems. Find out about getting the flu vaccine if you are pregnant during flu season (fall through spring) or traveling out of the country. It is okay to have the vaccine anytime during pregnancy.
Pertussis	Begins gradually with cold-like symptoms and an irritating cough. Severe coughing spells develop, and may be followed by whoops. The ill person may turn blue or have trouble catching their breath. Vomiting after coughing may occur. Adults, older children and infants under 6 months old may not develop typical symptoms.	Get a Tdap vaccine before pregnancy or immediately after delivery. If there is an outbreak, consider vaccination during pregnancy.
Cytomegalovirus (CMV)	Can cause birth defects. Most people do not have symptoms. It can pass from mother to infant before, during and after birth, or through breast milk. It is sexually transmitted (by urine, cervical fluids or semen).	There is no treatment. Avoid those who have the disease. May result in hearing loss, physical complications or learning disability. <i>Practice good hand washing.</i>

DISEASE	SYMPTOMS & RISKS	WHAT TO DO
Hepatitis B (HBV)	A virus that causes liver disease. Most are unaware that they are infected. 9 out of 10 infants infected perinatally develop chronic HBV infection. Risk groups for HBV are: people who inject drugs or share needles, have many sexual partners, work in a job with exposure to blood or body fluids, live with someone with HBV, have received blood products (blood transfusion) or hemodialysis.	All infants should be vaccinated against HBV, the first dose soon after birth. Women are screened at their first or early prenatal visit. Health care workers should be vaccinated. Ask your healthcare provider about how to avoid high risk behaviors.
Fifth Disease	Caused by a virus called Parvovirus b 19. Common, very contagious childhood illness. Often see a bright red rash on cheeks, arms, and legs. School teachers, child care providers, or any women with close contact to children are at the greatest risk. Most babies are not affected if mom gets Fifth Disease when pregnant. During the first half of pregnancy there is a relative low risk to the fetus (2-6% chance of miscarriage). Later in pregnancy it may cause anemia in the baby.	Most women are already immune to Fifth Disease. If mom is not immune and gets this infection she and the baby will be closely monitored to make sure the baby is staying healthy. If there is an outbreak at a child care or school, it is best to avoid contact to decrease the risk of infection. Handwashing and proper disposal of facial tissues can decrease transmission of the virus.

DISEASE	SYMPTOMS & RISKS	WHAT TO DO
Herpes	Sexually transmitted virus. Causes open sores of the genitals or mouth. If there are vaginal or vulvar sores when labor begins or your water breaks, the baby can get infected with herpes. This can cause severe neurological problems, disease to body organs or the skin, eyes and mouth of the infant.	If you have a known history of herpes or regularly occurring or new sores, you need to discuss it with your health care provider to plan for a safe birth. There are medications to help decrease how often you get outbreaks. Otherwise you might need a cesarean birth.
HIV: AIDS	HIV is a virus that spreads by blood and body fluids (vaginal secretions, semen). You are at higher risk for HIV infection if: 1) your partner is HIV positive; 2) you use intravenous drugs; 3) you have/had a partner that uses intravenous drugs. A baby can be infected during pregnancy, during labor and delivery or through breast milk if the mother is HIV positive.	The only way to know you have HIV is to be tested! There are many medications today that can help women lead normal lives and prevent their babies from becoming infected. These medications are safe to take during pregnancy. Mothers testing positive for HIV should provide a safe feeding alternative to breast milk for their infant.

DISEASE	SYMPTOMS & RISKS	WHAT TO DO
Tuberculosis (Tb)	A disease that spreads through the air by infected people. Those with the disease may feel weak, have weight loss or poor weight gain, night sweats, fever, cough, and chills. The baby can be infected during pregnancy or by contact after birth.	Women can be tested with a simple skin test during pregnancy, or a chest X-ray after 18 weeks. There are safe medications to take after the first trimester when pregnant and while breastfeeding, and the baby can also be treated after birth if needed.



Healthy Habit Alert!

Washing hands often with soap is a simple way to prevent many illnesses. Do your best to avoid anyone who is ill and use a condom with any new sexual partner.

Stress and Pregnancy

Being pregnant can add to a woman's stress because of the physical and emotional changes. Anticipating a baby and being a parent can add to one's stress. Try to reduce any stress by:

- Setting priorities in your life and job. Don't try to be a superwoman.
- Practice asking for what you need. Turn to your partner or other friends or family for help.
- A regular exercise program such as walking or swimming.
- Try to fit in rest periods during the day in a quiet place.
- Talk with your employer and set realistic goals for your workday.

Remember, your emotional well-being is important for the baby and other family members, too!

Trauma & Abuse in Pregnancy

Trauma can happen, even when pregnant. The two most common types of trauma are: **motor vehicle accidents and domestic violence or intimate partner violence**. Protect yourself and your unborn baby with a seat belt. Airbags offer good protection but must be used with seat belts to work properly.

Intimate partner violence is a serious health concern for pregnant women. If intimate partner violence is present in a relationship, the abuse could escalate during pregnancy. Intimate partner violence can interfere with women's reproductive choices and have harmful direct and indirect effects on the fetus.

Intimate partner violence can be **physical** (punching, hitting, choking, using weapons or throwing objects), **psychological** (verbal threats, intimidation, restricting access to food, money, family or health care), or **sexual**. All can cause harm and pain. Abusive behavior occurs when one person in the relationship needs to have control or power over the other.

You did not cause this and are not to blame!! No one deserves to be abused!

If you are in an unsafe or hurtful relationship tell your health care provider, clergy member or contact your local domestic and sexual violence program. They can keep your conversation confidential and help you develop a Safety Plan. You can share your plan with a trusted friend, family member or other individual. Be sure to keep it in a safe place.

Some things to have on hand for your safety:

- Police telephone number
- Telephone number of the domestic violence hotline. **1-800-228-7395**
- Important documents: Social security numbers, birth certificates (for yourself and children), driver's license, bank account numbers, etc.
- Keys to the house and car
- Money
- Small suitcase or bag with clothes, toiletries and small toys.

You deserve to be safe. There are resources in your community to help you protect yourself and your pregnancy.

Work and Travel

More than 6 out of 10 women of childbearing age work outside the home.

- Tell your supervisor early about your pregnancy.
- Raise work concerns with employers (such as working with chemicals) or contact the Vermont Occupational Safety and Health Administration.
- When needed, wear gloves, goggles, protective clothing, and work in well ventilated areas. Wash up and change into fresh clothes before coming home if you or other family members work with chemicals.
- Limit heavy lifting, carrying or climbing as your pregnancy advances.
- Think about cutting back or transferring to a less demanding work if your job is strenuous or requires a lot of standing or walking later in the pregnancy.

- Work until your due date if the pregnancy is normal and your job is safe.
- Look into employee maternity benefits and paid disability leave. Look into paternity leave or leave for your partner after you deliver.
- If complications occur you may have to stop working.

Questions & Answers about the Vermont Parental & Family Leave Law:

How does parental leave differ from family leave?

Parental leave is taken for the employee's own pregnancy, for the employee's newborn child up to one year, or a child under 16 placed with the employee for adoption or foster care. **Family leave** relates to the serious illness of the employee or the employee's child, spouse, parent, stepchild, ward, or foster child who lives with the employee. A serious illness is defined as an accident, disease, or physical or mental condition that poses imminent danger of death, requires inpatient care in a hospital, or continuing in-home care under the direction of a doctor.

Are all employees guaranteed leave under the Parental and Family Leave Law?¹

To qualify for leave under the Vermont law, you must be employed by the employer for at least 12 months prior to the start of the leave. During that year you had to have worked an average of 30 hours per week.

Are all employers required to provide leave under the Parental and Family Leave law?

No. To be covered by the Vermont law for parental leave, an employer must have at least 10 employees that work at least 30 hours per week.

1. Applies only to employers with more than 10 employees under Vermont law.

How long can parental or family leave be and is the employee paid?

Parental or family leave can be taken for up to 12 weeks during any 12 month period. You don't have to take the 12 weeks all at once. Some employers may be willing to allow more than a total of 12 weeks. Vermont law requires that your employer provides you with unpaid leave unless you have unused, accrued sick time or vacation time.

While the employee is on parental, short term, or family leave, must the employer continue to provide the usual employee benefits?

During a leave, the employee continues to save up pension, seniority, vacation and sick leave. The employer may require that the employee contribute to the cost of the benefits.

Must the employer return the employee to the same job?

Yes, or to a comparable one. This is one that has the same level of compensation, benefits and other terms as the one that the employee left. A job with poorer prospects for promotion or one that has a less desirable shift or location is not considered comparable.

Breastfeeding and Work

Talk with your employer early to plan how to continue to breastfeed when you return to work. Continuing to breastfeed after you return to work provides benefits for you, your baby, and your employer. You will be able to feel close to your baby during your work day, your baby will receive all of the health benefits of breast milk, and because your baby will be sick less often than babies receiving formula, you will miss fewer days of work. See page 145 for more information about combining breastfeeding and work or school. Even if you cannot breastfeed after you go back to work, breastfeeding while you are on maternity leave gives your baby the healthiest start in life.

If you have any questions or problems about employment benefits, call: **(802) 828-2851 (Governor's Commission on Women)** or **(802) 828-3171 (Office of the Attorney General)**.

Travel

Travel is usually OK during pregnancy. The most comfortable time is during the second trimester, when morning sickness is usually over. In the third trimester it is harder to move around or sit for long periods of time. Check with your health care provider to make sure they are OK with any travel plans later in the pregnancy. If you travel:

- Walk 10-15 minutes every 2 hours to prevent too much swelling.
- Wear comfortable shoes and clothing; support hose helps prevent your feet from swelling.
- Bring crackers, juice, or a light snack and try to eat meals on a regular basis.
- Drink plenty of fluids especially if you are flying. Sit in an aisle seat. This allows you to get to the bathroom more easily.
- Avoid altitudes higher than 7000-9000 feet if flying in a private plane.
- If driving, stop frequently for bathroom breaks. Drive only 5-6 hours per day.
- Wear your seat belt. **You are buckling up for two. Use both lap and shoulder belts with the lap belt below your belly. Pull it snug.**
- Air bags **are not** substitutes for seat belts. Both are needed!
- Discuss travel outside of the USA with your health care provider, you might need additional immunizations. Try and get these vaccines before you are pregnant.
- If traveling by boat, talk with your health care provider about medications that are safe for seasickness.

The Center for Disease Control and Prevention has an international traveler's hotline that can be reached at: **1-877-394-8747** or **www.cdc.gov**. Fletcher Allen Health Care also has a travel clinic that can be reached at: **(802) 847-1045**. For other travel clinic sites in Vermont, call 1-800-464-4343.

Preparing for Disasters or Emergencies

The needs of a pregnant woman during a disaster are unique. Follow standard evacuation and preparation instructions. Also consider the following.

Before a disaster or emergency:

- Talk with your health care provider if you have questions about the health effects of a disaster.
- Make a list of all prescription medications and prenatal vitamins that you are taking.
- Get a copy of your prenatal records from your health care provider. Then any travel plans later in the pregnancy.

During a disaster:

- Bring any medication with you, including prenatal vitamins and prescriptions.
- Bring your health care records and contact information for your health care provider.
- Pack extra maternity clothes for yourself, including undergarments.

After a disaster:

- *Food:* Do your best to eat at regular intervals during the day. Try to eat foods higher in protein (low fat dairy/meat/beans) and carbohydrates (bread/pasta). Do not eat spoiled food.
- *Water:* Use only tap water that is safe for drinking, cooking or bathing. Boiling water for 1 minute at a rolling boil is the preferred way to kill harmful bacteria or parasites.
- *Labor Symptoms:* Stress is a risk factor for preterm labor (see page 77 for warning signs of preterm labor). If you have symptoms, seek medical care right away. Ways to reduce stress: walk every 1-2 hours; find a quiet spot to lie down with your feet up 3 times a day for 10-15 minutes; take deep breaths; share your concerns with someone about being pregnant during this time a few times each day.

After a disaster:

- *Flood water in streets and buildings* can contain harmful substances. Keep the water away from your mouth and be very careful not to swallow any flood water.

Toxic exposures during pregnancy: If you are concerned you have been exposed to a dangerous chemical or substance, talk with a health care professional. The Organization of Teratology Information Specialists (OTIS) offer free phone counseling. Call toll-free (866) 626-6847.

Returning Home: There may be dangers when returning home from bacteria, mold, electrical shocks, or injury from falling or carrying and lifting heavy items. It may be best to ask other to clean up for you. For more information, visit [www.marchofdimess.com/Prepare for Disaster: Special Information for Pregnant Women](http://www.marchofdimess.com/Prepare-for-Disaster-Special-Information-for-Pregnant-Women).





Prenatal Care

When is the Baby Due?

Most couples may or may not know exactly when they have conceived unless they have gone through infertility treatments. It might be harder to figure out a due date if your cycles are irregular, you do not get a monthly period, you were using the pill, or receiving the shot, Depo Provera, for birth control. Here's how dating is normally done:

Normal monthly period that you remember: Your due date should be 40 weeks (280 days) from the first day of your last normal period. If it was not normal (shorter or lighter) you might be farther along than you think.

Irregular periods, using the pill, or other hormonal birth control:

Most providers will do an ultrasound to determine your due date. The best time to date a pregnancy by ultrasound is between 8 - 13 weeks.

****REMEMBER:**

Your due date is only an estimate. Nobody knows for sure when you will go into labor. One out of every twenty babies is born on the given due date. Your pregnancy is considered full term once you reach 37 weeks. Giving birth before 37 weeks is considered a premature delivery. You might stay pregnant two weeks past your due date. Think of your due date as a block of time and not a specific day.



3 Trimesters: Pregnancy in Weeks, Months & Trimesters

Most women think of their pregnancy in terms of months. Your provider will often refer to how far along you are in weeks or by the trimester. Remember, your due date is calculated from the *first day of your last menstrual period*. Conception (becoming pregnant) normally does not occur until two weeks after your period starts. When **weeks** are used for dating, the two weeks before conception occurs are included.

If you prefer to go by **months**, remember that if you carry your baby full term (see below) you will actually be going into your tenth month when you deliver. If you think of months as having four weeks each, nine months is only 36 weeks. Most women carry their babies 37-42 weeks.

	1st Trimester	2nd Trimester	3rd Trimester
Weeks	Conception to end of 12th week	13 weeks to the end of week 27	28 weeks until you deliver (up to 42 weeks)
Months	1, 2 & 3	4, 5 & 6	7, 8, 9 & 10

Premature Delivery: Giving birth before 37 weeks

Full Term: 37-40 weeks

Due date: Week 40

Post dates: 40-42 weeks

Post mature: over 42 weeks

Baby's Growth



8 weeks

Fetus is 1 inch long, weighs less than 1 ounce

12 weeks

Fetus is 3 to 4 inches long, weighs about 1 ounce

16 weeks

Fetus is 6 to 8 inches long, weighs about 6 ounces



20 weeks

Fetus is 8 to 12 inches long, weighs about 1/2 to 1 pound

24 weeks

Fetus is about 14 inches long, weighs about 1 to 1 1/2 pounds

28 weeks

Fetus is about 15 inches long, weighs about 3 pounds

Baby's Growth



32 weeks

Fetus is about 18 inches long, weighs about 5 pounds

36 weeks

Fetus is about 19 inches long, weighs about 6 pounds



40 weeks

At term (when fully grown), baby will be about 20 inches and weigh 7 to 8 pounds

Your Growing Baby: What Have You Noticed?

What time of day do you notice your baby moving?

How does your baby respond to noises?

When you are tired, what does your baby do?

Does your growing baby act differently when you eat different foods?

What Happens at the Prenatal Visits

YOUR FIRST PRENATAL VISIT

Your first prenatal visit will most likely take more time than other appointments. It should be scheduled sometime between 8-10 weeks. This is a good visit for your partner to go to with you. Don't be afraid to ask questions about anything that isn't clear to you. Your health care provider will ask about:

- Your health now and in the past — other pregnancies, illnesses, sexually transmitted diseases, smoking, alcohol, drug use, and family health history.
- Your menstrual periods and determine your due date.
- A plan of care during pregnancy which includes frequency of visits, tests, diet, exercise, and answer any questions you might have.

You will have a full physical exam including a pelvic (internal) exam, breast exam, checking your heart, lungs, throat, eyes, and ears. Your weight and height will be taken.

You will also have your urine checked, blood pressure, and Pap smear (culture of your cervix.) You will have blood taken today (see explanation of tests).

It is normal to wonder if things are progressing the way they should early in the pregnancy. Within the first few months, certain tests may be ordered to make sure the baby is developing normally.

LATER PRENATAL VISITS

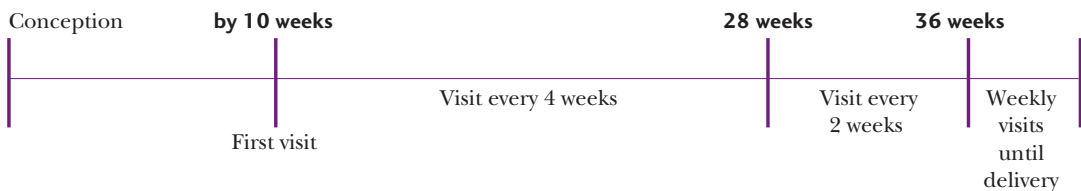
Regular visits will help make sure that you and your baby stay healthy. Your health care provider will:

- Measure your abdomen (fundus) with a tape measure;
- Listen to your baby's heart beat with you. Fetal heart tones can usually be heard at 12 weeks using a **doppler** device;
- Check your weight and blood pressure;
- Go over any planned tests and test results;
- Arrange for any special tests;
- Prepare you for your next visit and make sure it is scheduled at the right time;
- Answer questions, talk about things that you should be thinking about (preparations, warning signs, labor and delivery).

How Often are the Visits

Prenatal visits are recommended at regular intervals. Your health care provider may recommend extra visits to meet your individual needs. The visit schedule for a pregnancy that is progressing without any problems is usually as follows:

Usual Visits to Your Provider



Genetics

If there is a history in your family or you have a family member with a particular disease, you may want to talk with a genetics counselor. They can talk about the risk of having a child with a genetic or inherited disorder. Often tests can be done to detect certain genetic or birth defects. Not all insurance companies will cover genetic counseling, so you may want to check with your insurance provider.

The vast majority of babies are born healthy. A small number of babies (3-5 out of every 100) are born with a birth defect. This is a health problem that develops before birth or becomes apparent shortly after the baby is born. There are a few causes of birth defects, some known and some unknown. These may include:

- Genetic—this is inherited from one or both parents. Sickle cell anemia, Tay Sachs, and cystic fibrosis are a few examples.
- Health problem of the mother—for example, if the mother had German Measles when pregnant, the baby may have eye, ear, or heart problems.
- Drugs, chemicals, or alcohol—whatever the mother ingests is passed to the baby and can result in a birth defect. Babies of alcoholic mothers are at risk of developing Fetal Alcohol Syndrome, which is a cluster of disabilities including mental and physical retardation.

Explanation of Tests:

The following list is alphabetical. What the test is, how it is done and at what visit is described.

Amniocentesis

This is a genetic test that checks for chromosome abnormalities in the baby. It is now recommended that all pregnant women, regardless of age, consider less invasive screening options to assess their risk for Down Syndrome before the 20th week of pregnancy.³ One option, amniocentesis, may be done when there is a family history of certain genetic problems. It is recommended between 15 and 18 weeks of pregnancy. Using ultrasound, a thin needle is inserted into the uterus through the mother's belly and a small amount of amniotic fluid is removed. Cells from the fluid are grown in a laboratory to check for any chromosomal abnormalities. The results are ready in a few weeks. Complications from an amniocentesis are not common but there are some risks involved such as cramping, vaginal bleeding, or leaking of fluid after the test. The average miscarriage rate following amniocentesis is 1 in 250. Injury to the baby is very rare.

Blood pressure (BP)

This is a measurement taken on your arm and is done at every visit. High blood pressure means the heart is working extra hard. This can be a problem in pregnancy for both mom and the baby.

Blood tests

These check for your blood type, low iron, Rh factor (see below), syphilis, hepatitis B, cystic fibrosis, rubella (German measles) and HIV. These are normally done at your first prenatal visit.

³ New recommendation from The American College of Obstetricians and Gynecologists.

HIV Testing

HIV is the Human Immunodeficiency Virus that causes AIDS. All women should be tested before they become pregnant or as early in the pregnancy as possible so that treatment options can be discussed if the test is positive for HIV. HIV counseling should include:

- The risk for HIV infection associated with sex without the use of a latex condom.
- The risk of sharing needles for intravenous drug users.
- Discussion of whether your partner is at risk.

All HIV testing is voluntary. The test will help you and your baby by telling if you need treatment. HIV can be passed to the baby during pregnancy, delivery, or by breastfeeding. If your test is positive there are a number of treatment options for you and your baby. With recent scientific advances it is very possible that your baby will not be HIV positive even if you are. If the test is not covered by private insurance or Medicaid, free testing can be made available through the Health Department. For more information call **1-800-882-AIDS**.

Chorionic Villus Sampling

This is a genetic test which is sometimes recommended at 10-12 weeks of pregnancy to detect chromosome problems. The chorionic villi are tiny projections of tissue that make up the placenta. The placenta is the organ that develops in the uterus to provide food and oxygen to the baby. The villi have the same genetic makeup as the baby. Using ultrasound, a thin tube (catheter) can be inserted through the vagina and cervix to obtain samples of the villi, or a needle can be placed through the abdomen into the placenta. This test must be performed in a hospital or doctor's office. It carries the risk of miscarriage of 1 in 200.

Culture of the Cervix

Occasionally a woman may have been infected with a sexually transmitted disease (STD), such as gonorrhea or chlamydia, from a partner. A test needs to be done so that a disease can be treated and not passed on to the baby during delivery. This is done at the first prenatal visit at the same time as a Pap smear, and again at 28 weeks if you have a positive test.

Glucose Challenge Test (GCT) or Glucose Tolerance Test (GTT)

A blood test on mom done around 24-28 weeks. This is to check for **diabetes** in pregnancy called **gestational diabetes**. You will have this test at the lab. You will be given a glucose soda drink and your blood will be drawn one hour later. It is suggested that for two days before the test you eat 5-6 extra servings of bread products besides your regular diet. If the test is high, a 3-hour (GTT) test may need to be done. Hormones that are made from the placenta during pregnancy can affect the way insulin works. Insulin controls your sugar (glucose) levels. Gestational diabetes can be controlled by diet and exercise. Some women will need insulin to help with the control.

Group B Streptococcus (Beta Strep or GBS)

This test is done by obtaining a culture from your vagina and rectum externally with a Q-tip at 35-37 weeks. It is not uncomfortable or harmful to women. GBS is a bacterial organism found in the vagina and rectum of 20% of women. During labor if a woman has GBS in her vagina the baby could become infected. About 1-2% of the babies may develop an infection. Approximately 8000 babies in the United States get GBS each year, and 5-15% of these babies die. If you test positive for GBS it is recommended you be treated with antibiotics through an IV while in labor to reduce the risk of infection for the baby. You are tested late in your pregnancy because even if tested and treated early, GBS can reoccur close to delivery.

Risks of antibiotics in labor:

A small percentage of women may develop an allergic reaction to the antibiotic used. Let your provider and the nurses know if you have any drug allergies.

What if I refuse to have this test:

If you do not want the culture for GBS, treatment with antibiotics would be recommended with any of the following risk factors:

- Preterm labor.
- Premature rupture of membranes
- Prolonged rupture of membranes (more than 18 hours since the breaking of the amniotic sac to delivery).
- Prior child with GBS infection
- Fever during labor.

Pap Smear

Done during an internal or pelvic exam at the first prenatal visit and yearly well women visits. This checks your cervix (the opening of your uterus) for infection or cancerous cells.

Rh Factor

This is a blood test to determine if a mother is Rh positive or negative (Rh+ or Rh -).

What is Rh Factor?

Rh is a protein found on the surface of red blood cells. Most people have Rh positive blood (Rh+), which means they HAVE the Rh factor. About 7 in 100 people have Rh negative blood (Rh-). If an Rh- woman and a Rh+ father have a baby, their baby may have Rh+ blood. During delivery or pregnancy the baby's blood can mix with the mother's. The mother's body sees this blood as being "different" to her body and will try to fight it by making antibodies to the Rh+ blood. This is usually not a problem with the first baby or first pregnancy. In later pregnancies, these antibodies can cross the placenta and cause serious problems with the baby's blood cells before the baby is born.

To prevent Rh disease, a woman who is Rh- receives a shot of Rh immunoglobulin (Rhogam) at 28 weeks of pregnancy and after she delivers. Once delivered, if the baby has Rh- blood also, mom might not need the postpartum shot. If the father of the baby is absolutely sure he is Rh -, and mom is Rh -, no treatment is needed since the baby will be Rh -.



Ultrasound or Ultra Screen Test

The Ultra Screen is a maternal *blood test* combined with an *ultrasound* measurement. The Ultra Screen is generally done during the first trimester at 9 to 14 weeks of pregnancy. It is intended to identify unborn babies at higher risk of Down's syndrome and Trisomy 18, which result from an extra chromosome in each cell. The extra chromosome causes birth defects and mental retardation. The blood test measures two pregnancy proteins in the mother's blood. Because about 80% of babies with Down's syndrome are born to women less than 35 years old at delivery, this test is usually offered to all women

who are younger than 35 and have no family history of chromosomal abnormalities. The Ultra Screen is the most accurate, earliest, and safest prenatal screening test available.

The Quad Screen

The Quad Screen is a blood test that is used to identify pregnancies that are at a higher risk. The test should be performed between 15 and 20 weeks of pregnancy. While the risk of Down Syndrome increases greatly with a mother's age, it can occur in any pregnancy. The Quad Screen cannot make a diagnosis.

The results of the blood test can indicate:

1. That you have an “increased risk” for having a child with Down Syndrome or other chromosomal abnormality.
 2. That you have an “increased risk” for having a child with an open neural tube defect (an opening in the skull or spine), or an open abdominal wall defect.
 3. That you have an “increased risk” for pregnancy complications such as preterm delivery or pregnancy loss.
-

Urine Tests

This test is to check for diabetes, infection, high blood pressure, or problems related to your kidneys. At your first prenatal visit, your urine will be checked for possible urinary tract infections. If you develop urinary tract infections frequently you may be asked for a “clean catch specimen” at later visits.

Deliver a Healthy Smile

Pregnancy and the first years of your baby's life are a very special time. Your oral health is very important to your overall health and the health of your baby.

Did you know...

As your hormone levels change during pregnancy, you may be at increased risk for tooth decay and gum disease, or gingivitis.

- Unfilled cavities have harmful germs that you can pass to your baby by sharing food or kissing.
- Pregnant women with untreated gum disease may be more likely to have premature or small babies.
- During pregnancy, Medicaid insurance has special guidelines to help you get the right care of your mouth and teeth, including preventive care.

Your baby's oral health starts with your own good health.

- Brush and floss every day , especially before bedtime.
- Make a dental appointment to check for cavities or gum disease.
- Eat a healthy diet with plenty of extra calcium.
- Limit sweet or sticky snacks.
- Use sugar-free chewing gum or candy made with xylitol to help prevent cavities. Best to use after eating.
- Between meals, replace ordinary chewing gum, breath mints or breath spray with xylitol products.

If you have questions about oral health, call **1-888-9VT-SMILE** or visit **www.smilevt.org**.

Changes in your Body Throughout Pregnancy

	1st Trimester	2nd Trimester	3rd Trimester
Nausea & Vomiting	May occur throughout the day.	Usually gone for most women but not everyone.	
Fatigue	Very noticeable.	Energy normally returns.	Fatigue often returns until delivery.
Breast Changes	By 6-8 weeks may become noticeably larger. Firm and tender. Veins become more visible. Nipples are sensitive and areola darker.	Colostrum (early milk) may leak.	Colostrum may continue to leak. No special preparation is needed for breastfeeding at this time.
Frequent Urination	An increase in urine production and pressure from the soft uterus on the bladder cause you to urinate often.	The uterus straightens and rises higher into your abdomen you may have to urinate less during this time.	You will have to urinate often again as the baby drops and puts pressure against your bladder again.
Weight Gain	Some lose weight because of the nausea and vomiting. Most gain 3-4 pounds.	Everyone's weight gain and timing is different. You should gain about 1 pound a week.	Total gain might be 25-35 lbs. Less if you are overweight, (15 lbs) or more if you are under weight (28-40 lbs).

	1st Trimester	2nd Trimester	3rd Trimester
Mouth & Tooth Changes	Extra hormones cause gums to bleed & swell. Some have an increase in saliva. Taste in food changes with cravings or new dislikes.		
Nosebleeds	The membranes inside your nose may swell from the hormones of pregnancy. You may get stuffy noses or frequent nosebleeds. Drink lots of fluids and use a humidifier or a gentle lubricant, such as petroleum jelly, around the edges of your nostrils.		
Numbness & Tingling		Usually starts later in the pregnancy as the uterus presses on nerves. Can happen in the legs or toes or in your hands and wrists (carpal tunnel syndrome).	
Skin & Hair Changes	Increase in skin break outs, especially if you are already prone to acne.	Pregnancy hormones cause most of these changes: brownish uneven marks around your eyes, nose, and cheeks (Chloasma), a dark line down the middle of your lower belly (linea nigra), reddish streaks or stretch marks on your belly and legs, and dry itchy skin. Creams do not prevent these skin changes. Changes in your hair; some find hair gets thinner and some thicker.	
Swelling & Varicose Veins	Most women do not have swelling this early.	Veins can swell, mostly in legs, but also near the vulva and vagina and remain till the end of pregnancy.	Swelling can begin or worsen, mostly in the legs.

	1st Trimester	2nd Trimester	3rd Trimester
Groin or Lower Abdominal Pain (Round Ligament Pain)		Most common between 18-24 weeks as the uterus really begins to grow and stretch the ligaments.	
Fetal (Baby's) Movement		First pregnancies expect to feel movement (quickening) by 18-20 weeks. If this is not your first pregnancy you might feel movement by 16 weeks.	The baby should be very active by 24 weeks. Movement slows down or changes closer to your due date as there is less room. You may feel the baby hiccup.
Braxton Hicks Contractions		Towards the end of this trimester you might feel tightening of the muscles of the uterus (Braxton Hicks Contractions).	Braxton Hicks continue, may become more frequent.

Discomforts in Pregnancy

Most discomforts are due to normal pregnancy changes. If any symptoms are bothersome to you, be sure to discuss them with your physician or midwife. These discomforts can include:

- **Pressure and pains in the lower abdomen (belly)** – as the baby grows, the muscles and ligaments stretch. This can cause pressure in the lower abdomen.
- **Backache** – the weight of the growing belly strains your back. To help this, maintain good posture at all times and rest when possible (lying on your side). Have your partner give you a back rub. Wear flat heels. Lift packages or children by bending your knees, then standing up and not using your back. Avoid standing for long periods of time. (*See pelvic rock in exercise section*).
- **Constipation** – bowel movements become hard and difficult to push out. Constipation occurs naturally in pregnancy. You can minimize it by drinking 6-8 glasses of water a day and eating generous amounts of vegetables, fiber, bran, fruits, and whole grain breads. Daily walking and other exercise can also help.
- **Frequent urination** – as the uterus grows, it puts pressure on the bladder. You may urinate more often in smaller amounts. To help your bladder empty completely, lean forward when you urinate. Burning, pain, or the urge to urinate all the time are signs of a bladder infection. Let your health care provider know right away if you have these symptoms.
- **Heartburn** – pregnancy causes your body to produce extra hormones which relax your muscles, including those of the digestive system. Thus, food moves more slowly through your stomach. Indigestion and heartburn occur when stomach secretions back up into the esophagus. This can be helped by not gaining too much weight, eating smaller more frequent meals, avoid foods that aggravate it, and sleeping with your head and shoulders raised up.

- **Hemorrhoids** – hemorrhoids are painful, swollen veins around the rectum that can itch or even bleed. Constipation, or the weight of the baby can cause them. To avoid hemorrhoids, keep your bowels moving regularly. Drink lots of water and get exercise. Avoid prolonged periods of standing or sitting.
- **Leg cramps** – more common in the 3rd trimester. It was once thought they were due to a lack of calcium in a pregnant woman's diet, but this is no longer true. Stretch your calves before going to bed and avoid pointing your toes when stretching or exercising.
- **Shortness of breath** – as the uterus grows, it can push up the diaphragm and crowd the lungs. This makes it more difficult to breathe. Slow down and try not to overexert yourself.
- **Vaginal discharge** – it is normal during pregnancy to have a thin, whitish discharge. It is best not to use a tampon or douche because they can introduce germs into the vagina. If the discharge becomes itchy, or has a foul odor, you may have an infection. If you notice this or any bleeding from your vagina, let your physician or midwife know right away.
- **Varicose veins** – result from blood pooling in the veins from the pressure of the baby in the pelvic area. They can be painful and uncomfortable. Maternity support stockings are helpful. Avoid crossing your legs and ankles when sitting because this puts pressure on the veins and blocks blood return to the heart. Elevate your legs while sitting or lying down.

Warning Signs & Preeclampsia (High Blood Pressure)

If you have any of these signs, at any time of your pregnancy, call your health care provider immediately.

- Bright red blood from your vagina
- Pain when you empty your bladder
- Sharp or prolonged pain in your abdomen (stomach)
- Severe or continued vomiting
- Fever
- Sudden gush of fluid from the vagina
- Noticeable decrease in the baby's movement or absence of movement after the time when you have already begun to feel the baby move regularly

High Blood Pressure (hypertension) or preeclampsia

High blood pressure may prevent blood flow to the placenta and to the baby in the uterus. This is why it is monitored closely at each prenatal visit. **Preeclampsia** is a disorder of unknown cause that complicates approximately 5-10% of pregnancies. You might have a higher risk of preeclampsia if:

- This is your first pregnancy and you are a teenager or an older mother.
- You are of African-American decent.
- You have had preeclampsia with another pregnancy.
- You had high blood pressure before your pregnancy.

Warning Signs & Symptoms of High Blood Pressure or Preeclampsia include:

- Severe or constant headaches that are not relieved by Tylenol.
- Swelling, especially of the face.
- Pain under the right bottom rib.
- Blurred vision or spots in front of the eyes.
- Sudden weight gain of more than a pound a day

Call your health care provider with any of these signs or symptoms.

Miscarriage

Some pregnancies will end in miscarriage. Most often this happens in the first trimester. **It is not something that you did, working too hard, or having sex.** Let yourself be angry or sad. These feelings are normal. Allow yourself to grieve for the loss. Talk with others. Many hospitals or health centers offer support groups for parents who have lost a child. Check to see if these are available in your community. There are also resources listed in back of this book. Most often it is possible to become pregnant again after a miscarriage.

Premature Labor & Birth

Premature labor (preterm labor) is when labor starts three or more weeks before your due date. It can happen to any pregnant woman and can cause your baby to be born too early. Sometimes it can be stopped if you recognize it early and get treatment by your doctor or midwife.

There are approximately 540,000 infants born prematurely every year in the USA. Prematurity puts babies at risk for disability and death.

Learn these 6 warning signs:

- **Uterine contractions:** 5 or more in one hour. Not always painful, they may feel like your uterus is tightening or your belly is getting hard all over.
- **Menstrual-like cramps:** May feel like you are having a period. It may come and go or be there all the time.
- **Stomach cramps:** With or without diarrhea.
- **Low Backache:** below your waist near your tailbone. It may spread to your side or front, come and go or be there all the time.
- **Pelvic Pressure:** It feels like the baby is pushing down or “falling out”. It may come and go or be there all of the time.
- **Vaginal Discharge:** It may suddenly increase, or become more mucousy or watery.

If you experience any of these symptoms, call your health care provider immediately.

How can a pregnant woman reduce her risk for preterm delivery?

- See your health care provider before pregnancy and at regular intervals during pregnancy.
- Avoid alcohol, smoking and illegal drugs before and during pregnancy.
- Try to reach a healthy weight before pregnancy and gain the recommended amount of weight during pregnancy.
- Take prenatal vitamins and folic acid every day.

What to Do if you experience preterm labor?

Be aware of warning signs. (see page 77)

Check for contractions by following these steps:

- Drink 3-4 cups of water or juice. This may calm contractions.
- Lie down with a pillow behind your back so that you are tilted slightly to your left side.
- Put your hands on your belly and feel whether your uterus is tightening and softening. Count how many times it happens in one hour.

Call your doctor or midwife immediately if:

1. You have five or more contractions before the end of the hour is up.
2. You have bloody vaginal discharge.
3. The other warning signs do not go away in one hour.

What Happens if I have signs and symptoms of Premature Labor?

You will need to be examined to determine if the cervix (the opening at the bottom of the uterus for the baby to pass through during birth) has started to stretch or open. Fetal monitoring will be done to evaluate the baby's heart beat and contractions of the uterus. If you are in early preterm labor, your health care provider will recommend preventative measures to stop the labor and give the baby more time to grow. This can be done with bed rest, medications, and fluids. Sometimes if the preterm labor is advanced and cannot be stopped, or if there are other problems the baby may be delivered, often by cesarean delivery.

Preterm labor and delivery is considered high risk and requires a hospital with the facilities and technology to handle the preterm birth. A **neonatal intensive care unit, (NICU)**, provides the necessary care for the premature infant.

The NICU encourages parents to become involved with the care of their premature baby. Breast milk is especially important for preterm infants, because it is easy to digest and helps prevent infection. If your baby is born early, you may be asked to pump breast milk for your baby to help him or her grow quickly. It is important to ask questions of the doctors and nurses and discuss your concerns. The NICU has a social worker to give you support and help answer questions. This can be a stressful time on the whole family. Support groups are available for parents who have gone through similar experiences.

Risks of Late Preterm Birth

Induction of labor may contribute to the growing number of babies who are born between 34 and 36+ weeks gestation. These babies are more likely to have medical problems than babies born a few weeks later after 37 weeks. A baby's brain and lungs mature late in pregnancy. If born too soon, babies are more likely to have problems with their developing brain, liver, eyes, or ears. They may have difficulty breathing, feeding and/or keeping warm. These babies may need to be re-admitted to the hospital and may die suddenly.

Every Week of Pregnancy Counts!

If you have a choice and there are no medical complications, *wait until at least 39 weeks to deliver your baby.*

- Ask your health care provider to wait and deliver your baby closer to 40 weeks if there are no problems with your health or the health of your baby.
- Ask why you need to have an induction and how that may increase your chances of having a cesarean section. A c-section has risks as well as benefits and may limit your options for how you deliver a subsequent baby.

Prenatal Care Diary

Use the following pages to track your prenatal and postpartum appointments.

My Prenatal Care Appointments

Date of Visit: _____ Weeks/Months of Pregnancy: _____

Name of Health Care Provider: _____

Due Date: _____ Weight: _____ lbs

Blood Pressure: _____ / _____

Baby's Heart Beat today: _____ Fundal (Belly) height: _____

List any other Tests done today: _____

Questions that I have: _____

Things we spoke about today: _____

Advice & Comfort Measures

Date of next appointment: _____

Tests at next appointment or in between: _____

My Prenatal Care Appointments

Date of Visit: _____ Weeks/Months of Pregnancy: _____

Name of Health Care Provider: _____

Due Date: _____ Weight: _____ lbs

Blood Pressure: _____ / _____

Baby's Heart Beat today: _____ Fundal (Belly) height: _____

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Date of Visit: _____ Weeks/Months of Pregnancy: _____

Name of Health Care Provider: _____

Due Date: _____ Weight: _____ lbs

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Name of Health Care Provider: _____

Due Date: _____ Weight: _____ lbs

Blood Pressure: _____ / _____

Baby's Heart Beat today: _____ Fundal (Belly) height: _____

List any other Tests done today:

Questions that I have:

Things we spoke about today:

Advice & Comfort Measures

Date of next appointment: _____

Tests at next appointment or in between: _____

My Prenatal Care Appointments

Date of Visit: _____ Weeks/Months of Pregnancy: _____

Name of Health Care Provider: _____

Due Date: _____ Weight: _____ lbs

Blood Pressure: _____ / _____

Baby's Heart Beat today: _____ Fundal (Belly) height: _____

List any other Tests done today:

Questions that I have:

Things we spoke about today:

Advice & Comfort Measures

Date of next appointment: _____

Tests at next appointment or in between: _____

My Prenatal Care Appointments

Date of Visit: _____ Weeks/Months of Pregnancy: _____

Name of Health Care Provider: _____

Due Date: _____ Weight: _____ lbs

Blood Pressure: _____ / _____

Baby's Heart Beat today: _____ Fundal (Belly) height: _____

List any other Tests done today:

Questions that I have:

Things we spoke about today:

Advice & Comfort Measures

Date of next appointment: _____

Tests at next appointment or in between: _____

My Prenatal Care Appointments

Date of Visit: _____ Weeks/Months of Pregnancy: _____

Name of Health Care Provider: _____

Due Date: _____ Weight: _____ lbs

Blood Pressure: _____ / _____

Baby's Heart Beat today: _____ Fundal (Belly) height: _____

List any other Tests done today:

Questions that I have:

Things we spoke about today:

Advice & Comfort Measures

Date of next appointment: _____

Tests at next appointment or in between:

My Postpartum Care Appointment

Date of Visit:

Name of Health Care Provider:

Weight: lbs

Blood Pressure: /

List any other Tests done today:

Questions that I have:

Things we spoke about today:

Advice & Comfort Measures

Date of next appointment:



Birthing



Planning for Birth

Choosing a Birth Partner

By 24 to 28 weeks (or the end of the second trimester), you will decide who your “birth partner” will be. Ask your health care provider or childbirth instructor about the number of support people who can be with you during labor. Your partner should be someone who wants to participate in the birth of your baby, who is there to support you, and who is not afraid to see a birth!

Childbirth Classes

It is important for all new parents and birth partners to learn what to expect during pregnancy, labor, and delivery. It is strongly encouraged that pregnant couples, or mom and support person, attend a series of prenatal classes to prepare them for the birth of the baby. Many classes also have sessions specific to breastfeeding, sibling preparation, infant care, and refresher classes for parents. Your local hospital, home health agency, parent/child center, or local Health Department will have information about classes. *(See the resource section for contact information in your area.)*

Birth Wishes

It is a good idea to begin to think about available options for labor and delivery. Your health care provider or hospital can give you a form with pre-registration materials for childbirth education classes. Write about your choices for the birthing process so you can discuss them at a prenatal visit or class. Your wishes will be honored as much as possible. If there is an emergency or the labor calls for a different course of action, the health and safety of the mom and baby must be considered first.

Choices to think about before the birth:

- Positions during labor: walking, sitting, squatting, or lying on your side.
- Laboring in a shower or tub.
- Pain medication; there may be different options depending on if you plan to breastfeed after delivery.
- Will your partner cut the cord?
- Who do you want present for the birth?
- After delivery, how soon can mother and baby be skin to skin until the first feeding?
- How soon after delivery can breastfeeding be initiated?

Some hospitals, such as Fletcher Allen Health Care, have resident doctors who are part of the team that cares for patients. Medical students and nursing students also work along with the hospital staff to take care of the patients. You may be asked to have a student participate in your care. Your wishes will always be respected and it is important that you know who is helping to care for you. Always feel free to ask.

Circumcision

Parents need to make the decision whether to circumcise a baby boy before the birth. Circumcision is the surgical removal of the foreskin at the tip of the penis. It is usually performed with local anesthesia 12-24 hours after he is born. There are few proven health benefits resulting from a circumcision. It is the parents' choice and not a necessity.

Circumcision is usually an uncomplicated procedure. Bleeding and infection are occasional complications. If you decide on circumcision, discuss the procedure and use of an anesthetic with your obstetrician or family care provider. The American Academy of Pediatrics supports counseling on the pros and cons of circumcision so parents can make an informed decision. Discuss this with your partner.

If you do choose to have your baby circumcised, you will be asked to sign a consent form in the hospital. It is important to know whether your insurance company will cover the cost of a newborn circumcision since it is not a medical necessity.

Labor and Delivery

Signs of Labor

As you approach your due date, it is sometimes hard to tell whether contractions (tightening of the uterus or hard belly) are true or false labor. If you are unsure, you should call your doctor or nurse midwife and tell them your symptoms. They may want to examine you depending on your history, previous pregnancies or to determine if the cervix is changing.

True versus False Labor

Type of Change	False Labor	True Labor
Timing of contractions	More irregular, do not always get closer together.	Regular and as time goes by become closer together.
Difference with moving or walking	Contractions may stop or feel better with walking, resting, or lying down.	Contractions continue and do not change with activity.
Where the contraction is felt	Only part of the uterus (or belly) becomes hard.	Often starts in the back and comes around to the front, the whole uterus gets hard.
Strength of the contractions	Usually weak and do not become stronger, or can start off strong and then become weak.	Becomes stronger, longer, and closer together.
Bloody show	Usually no bloody show	May be leaking clear fluid or have pink/red mucousy discharge. Labor may begin without your water breaking.

If you are in true labor:

- Eat lightly, drink fluids, urinate every 1-2 hours, move around, and try to relax.
- Notify your doctor or midwife to discuss your plan. Call day or night.
- Take a warm bath. Take a shower if your water has broken.
- If it's nighttime, try to sleep.

Call your medical provider right away if you have:

- Bright red blood from the vagina.
- Leaking or gush of amniotic fluid.
- Intense contractions very early in labor.
- Unusually intense fetal activity or a decrease from normal.
- Leakage of greenish-brown fluid from vagina. This may be from "meconium" that has been expelled from the baby's bowels into the amniotic fluid.

Pain Control Options During Labor

Choosing how to manage labor pain is a very individual process. Your best choice is to know ALL of your options. Talk with your prenatal provider.

Labor Support

Have someone with you for emotional support and comfort measures.

Positioning and Movement

Try a variety of positions during labor, such as: standing, leaning on your partner, sitting, rocking, kneeling and walking.

Breathing Exercises and Visualization

Relaxation breathing and progressive relaxation can help with painful contractions.

Hydrotherapy

A warm shower or tub can promote muscle relaxation and may reduce pain and anxiety. Tub baths may *not* be an option if your water has already broken. Check with your prenatal provider.

Medication

Medications can be given by intravenous line or by muscle injection to promote relaxation or sleep. They can be combined with epidural anesthesia, but timing during labor is very important to prevent breathing difficulties for your baby.

Epidural Anesthesia

Eighty percent of women get complete pain relief with an epidural, which allows you to remain awake and alert, and can be used for cesarean birth. You must be in active labor and having contractions on a regular basis to have an epidural.

Stages of Labor

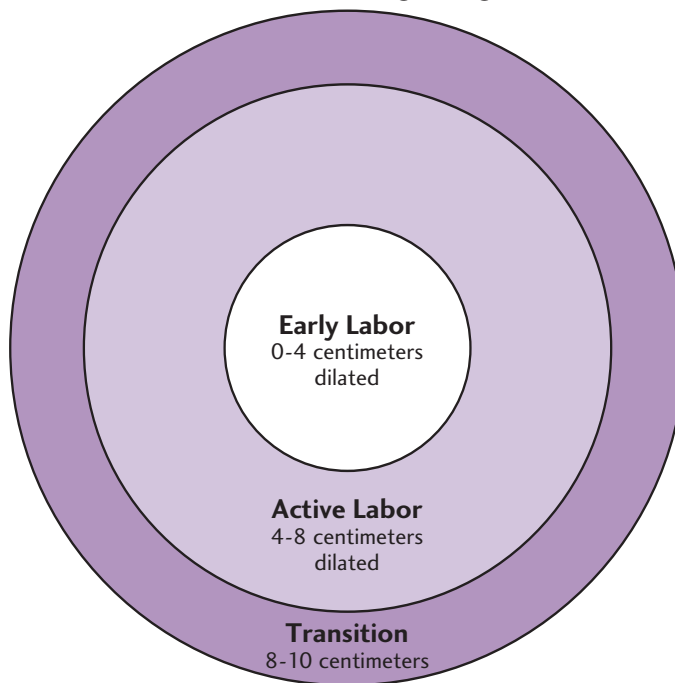
The average labor lasts about 12-14 hours for the first baby. After the first baby, labor tends to be generally shorter in length. Labor is different for all women and for each baby. Labor helps the cervix to thin out and to open. The cervix is the opening of the uterus. It is normally thick and closed. As labor begins, the cervix becomes thinner and flat. Contractions cause the cervix to open. Labor also helps to move the baby deeper into the pelvis and down into the birth canal.

There are three stages of labor.

Stage 1: Dilation

Stage one has three phases and is usually the longest. Stage 1 starts when the contractions are regular, and ends when the cervix is fully dilated at ten centimeters (see diagram).

Dilation of the cervix during 3 stages of labor



Phases of Stage 1	Early Labor	Active Labor	Transition
Contractions	15-20 minutes apart then will begin to shorten to five minutes apart.	3 minutes apart and lasting 1 minute. Much more intense. This is a good time to come to the hospital.	2-3 minutes apart and very intense
Cervix Dilation	Cervix dilates from 0 to 4 centimeters.	Cervix dilates from 5 to 7 centimeters. Your water might break if it has not already.	The cervix becomes fully dilated to 10 centimeters.
How You Might Feel	Contractions painful but you can usually tolerate them. Being in the shower often helps or walking/resting.	Try to breathe and relax. Use comfort measures to ease contractions.	The laboring mom may become the most irritable and uncomfortable. You might hiccup or feel nauseous and have vomiting. You may feel pressure in your rectum from the baby's head.

Stage 2: Pushing & Delivery

During the second stage of labor, the cervix is fully dilated. This is when you will feel the urge to push with each contraction. It takes one to two hours to push the baby out. With each push, the baby moves down the birth canal until he is born. Your health care provider will help you with each contraction. Perineal massage helps to relax and stretch the tissue between the vagina and rectum (the perineum) so there is more room for the baby to be delivered. A small cut, or episiotomy, may also be done at this time.

The second stage of labor ends with the birth of your baby. Your infant may be placed on your tummy while the umbilical cord is clamped and cut and so you can hold and see your beautiful new baby.



Stage 3: The Delivery of the Placenta

The third stage of labor is the delivery of the placenta. This stage happens while your baby is being checked, and usually lasts from 5 to 30 minutes. After a few more contractions, the placenta is pushed out. If you had an episiotomy or tear in the perineum, it is stitched up at this time.



Suggestions for the Birth Partner

- Be patient.
- Stay calm and supportive.
- Time the contractions.
- Keep the room quiet – play her favorite music.
- Discourage visitors.
- Encourage her to take walks or change positions.
- Encourage relaxation between contractions.
- Rub her back or apply gentle pressure if it hurts.
- Keep offering her fluids and light snacks.
- Encourage her to submerge in the tub or use the shower.
- Take a break for yourself; get a snack or some fresh air.
- Remind your partner how well she is doing.
- Ask questions if you do not understand what is happening.

Cesarean Birth

If for some reason it is not safe to deliver the baby vaginally, a Cesarean birth (a surgical incision into a woman's abdomen and uterus) may be done. Occasionally, a Cesarean birth will be planned in advance for certain reasons. Sometimes problems arise during labor that require a Cesarean birth for the safety of mom and the baby.

Some of the reasons a Cesarean will be done are:

- Abnormal or decreased baby's heart rate – a warning that the baby is in trouble and may need to be delivered right away. (This is usually noted on the fetal monitor.)
- Placental problems – such as bleeding.
- Abnormal position – the baby is feet or bottom first.
- Failure to progress in labor. This means that the cervix doesn't dilate (open) fully or the baby will not come down the birth canal (usually because the baby is too big).
- Maternal illness such as diabetes or high blood pressure.

Since a Cesarean is a surgical operation, several things are done for a safe and healthy outcome:

- An IV (intravenous fluids) is started.
- A foley catheter is placed into the bladder to drain urine.
- A spinal anesthetic is given (if you do not already have an epidural anesthesia from labor). This numbs everything from the chest down, but you remain awake.
- An incision is made through the lower abdomen, then into the uterus and the baby is removed. In most cases, a low incision across the abdomen is made into the uterus. This heals well and increases the chances for a vaginal birth in the future.
- Your birth partner is allowed in the operating room to observe the delivery as long as you are not under general anesthesia (asleep).

Recovery from a Cesarean birth takes longer than a vaginal birth.

The hospital stay is about three days. The urine catheter and IV are usually taken out the next morning. You will be encouraged to get out of bed and walk the same day as the surgery. The sooner you move about, the less risk of complications. You will also be allowed to eat as soon as you start passing gas rectally. This is usually the morning after you deliver. Pain medications are offered every four hours. Following a Cesarean, you are still able to breastfeed and be with your baby as much as you want.

Vaginal Birth after a Cesarean (VBAC)

Most women who have had a Cesarean section before, for whatever reason, are able to deliver vaginally in following pregnancies. This should be discussed with your health care provider. It is helpful to talk to supportive people about your previous Cesarean section and how it affected you.

Infant Care After Delivery

Babies are tended to right after birth. They cry soon after birth and become pink. Mucus from the nose and mouth will be cleared so that breathing is easier. He can be placed right on your chest or belly even before the cord is cut.

A newborn assessment, called an “Apgar score”, is done at one minute and five minutes. This is done on all newborns by the doctor or nurse to check the infant’s skin color, heart rate, breathing, reflexes, and muscle tone. Babies receive eye ointment to prevent infection, and a vitamin K shot to make sure the blood will clot shortly after birth. They are dried off, examined and can be placed against your skin or wrapped to stay warm. This is a good time to breastfeed as your baby will be very alert in the first hour after being born.

After about an hour of recovery time, you may be transferred to a postpartum unit or stay in the same room where your labor and delivery took place. Your baby can spend as much time with you and your partner as you would like. Rooming in with your baby is recommended to allow you to meet your baby’s needs and learn about your new baby right away. The nurses may take your baby to the nursery to examine him and give the first bath if you want them to. You may also choose not to be separated from your baby.

Newborn Facts

There are facts about newborn behavior that are good to know:

- Newborns often sneeze, cough, or gag to clear their airways.
- Newborns get hiccups. You may have felt the baby hiccup during pregnancy.
- Babies can see, hear, and smell you right after birth.
- Your baby has been hearing your voice for several months, so talking or singing to the baby may soothe him.
- Your baby loves to look at your face and can follow bright objects with their eyes.
- Newborns sleep a lot of the time the first few weeks of life.
- Newborns' necks are not strong enough to hold up their heads. Be sure to support your baby's neck and hold his head when you pick him up.
- Babies can hold onto your finger and will suck on a nipple.
- Babies startle easily if there is a loud noise or if their crib is bumped.
- Babies may lose up to 10% of their birth weight in the first couple days (for a 7 pound baby, this could be about 11 ounces).
- Babies are not born hungry but they do want to suck.

Newborns can be fed any time after delivery, even in the delivery room. Babies give signs that they are hungry and want to eat. You may see the baby's small tongue moving as well as her hands. If you see these signs, you can try to get the baby to latch on to your breast to begin feeding. When the baby is held against your skin, he may even latch on by himself and begin to feed. The nursing staff will assist you with feeding to make sure the baby is latched onto the breast correctly and able to feed.

If you are bottle feeding, the baby will receive glucose water first before formula, to make sure he can swallow and tolerate the feeding without difficulty.

Feeding My Baby

This section will provide information to help you make decisions on how to feed your baby. List your pros and cons of both breast and formula feeding and discuss with your health care provider. It is important to know that the American Academy of Pediatrics (AAP) recommends that “breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired by mother and child.”

Breastfeeding

Breast milk:

- Gives nutrition perfectly matched to your baby’s needs.
- Protects infants from developing allergies and many diseases. Babies who are fed infant formula are at higher risk of developing allergies, asthma, infections, obesity, ear infections, diarrhea, and other diseases.
- Is easily digested.
- Contains nutrients for your baby’s growth and general development.
- Helps brain development.
- Decreases the risk of obesity in children and adults.
- May protect from Sudden Infant Death Syndrome (SIDS).

Breastfeeding also:

- Helps the uterus return to its normal size.
- Decreases the risk of ovarian or breast cancer occurring before menopause.
- Saves approximately \$1,000 over the cost of formula for the first year of life.
- Is convenient. Breast milk is always sterile and available at the right temperature.
- Reduces illness, which means fewer doctor visits, medicines, and lost work time for parents.

Can Any Woman Breastfeed?

Almost every woman can breastfeed. The size of the breasts does not matter. You may have heard friends say that they “didn’t have enough milk” or that “breastfeeding didn’t work for them”. For most women, breastfeeding problems are simply due to a lack of information or lack of adequate help. With the assistance of a supportive pediatric provider or Lactation Consultant, almost any breastfeeding difficulties can be overcome.

If you are worried that you will be too embarrassed to breastfeed, you should know that you can breastfeed in public without people noticing. If you are worried that you have a health condition that will prevent you from breastfeeding, discuss it with your health care provider. Together, you may decide that benefits of breastfeeding outweigh other considerations, such as an illness or need for medication. Many medications may be taken safely while breastfeeding. There are only a few situations in which a mother should not breastfeed, which you should discuss with your health care provider. Some examples of when these discussions would be important are if:

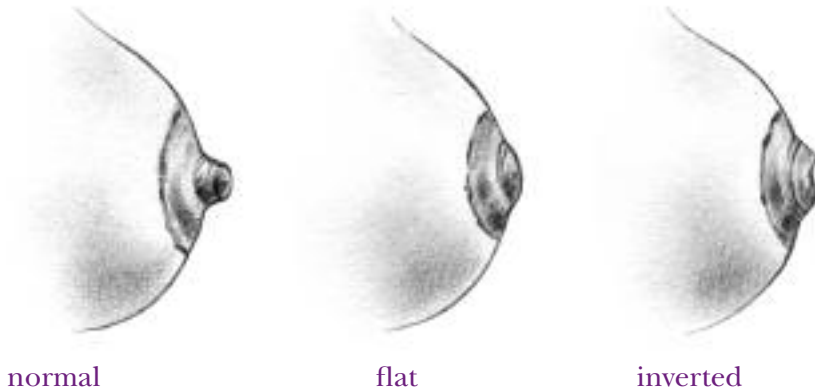
- You are infected with human immunodeficiency virus (HIV) or have AIDS.
- You have an infectious disease such as active, untreated Tuberculosis.
- You are taking certain medications, such as some cancer drugs or some drugs to prevent seizures.
- You feel you would be uncomfortable, resentful, or unhappy breastfeeding.
- Some women who have had previous breast reduction surgery will have difficulty making all of the milk their baby needs. In this case, the mother can combine breastfeeding with supplemental formula, and still enjoy the closeness of breastfeeding her baby.

Breastfeeding Premature or Sick Babies

Breast milk is the best source of nutrition for the premature and/or sick infant. Staff in the Neonatal Intensive Care Unit (NICU) will help you to breastfeed your baby. Premature or sick infants may be ready to feed at the breast sooner than with a bottle and also may have shorter NICU stays when fed breast milk. Even if your baby cannot nurse at your breast right away, the staff will help you to pump your milk with an electric breast pump and assist you to continue to pump at home.

Breastfeeding Preparation in Pregnancy

You do not need to prepare your breasts for breastfeeding. There is no evidence that nipple preparation prevents sore nipples when breastfeeding. These activities can also bring on premature labor. Women with the flat or inverted nipples (see drawings) may need a little extra help with breastfeeding in the first few days. Line up someone to help you get started if you have flat or inverted nipples.



Try to attend a breastfeeding class or watch a breastfeeding video. Watching another mother breastfeed can help make you feel more comfortable. Breastfeeding does not always come naturally for mother and baby. Some infants take longer to master breastfeeding than others, just like learning to walk or talk. Breastfeeding is a combination of learning, mother's intuition, and support from others.

Some women attend a La Leche League meeting during pregnancy. This is a way to meet and learn from experienced breastfeeding mothers. *(See Community Resource list and call for information.)*

Many nurses on the maternity floor are trained in breastfeeding education and support. Home care nurses and lactation consultants are also available to help you when you go home. Ask if your insurance company covers home visits for breastfeeding support. If not, talk with your health care provider or nurse about other resources for breastfeeding support in the community.

Formula Feeding

If you choose to bottle feed, or at the rare times when breastfeeding is not possible, iron fortified infant formula is the next best choice after breast milk for infants up to one year. Infants should not have cow's milk before they are 12 months since it does not have iron and may cause anemia in your baby.

Whether you bottle feed or breastfeed, feeding time is a time for you and your baby to feel close. If you choose to bottlefeed, do not prop the bottle and leave your baby alone to eat. Babies use feeding time to watch your face and learn from you. Hold your baby close, look in his eyes and talk softly to him during feedings. Feeding times can be relaxing and give you and your baby a special bond that will last a lifetime.

If you choose to bottle-feed your baby, breastfeeding while you are in the hospital or during for the first few days at home will provide valuable antibodies to protect your newborn against infection and help move along his first bowel movements.

An infant care class during pregnancy can help you with the basics of bottle feeding. See the section on bottle feeding on page 154.

Baby Supplies

As the time gets closer to the birth, it's fun to start planning for and collecting the necessary baby items and clothes that you will need. Here is a suggested list:

- **Sleepers with legs, socks or booties, undershirts, baby blankets, and a warm hat**, especially if the baby is born in the cooler months. Newborns grow quickly, so only buy few clothing items in the “new-born size”. If you buy 3-6 month size clothing they will fit longer. You may want to borrow baby clothes from friends.
- **Diapers** are a must! If you choose to use cloth diapers, it's a good idea to start with at least 3-4 dozen. Wash cloth diapers before using. A diaper pail with a cover will also be needed.
- **A cradle or bassinet** for the baby can be convenient so that your baby can sleep close to you during the day or night.
- **A crib** should have a firm mattress that fits snugly, with slats less than $2\frac{3}{8}$ inches apart and sides that are at least 26 inches above the mattress. This reduces the risk of babies being caught between the mattress and sides of the crib.
Note: Garage sale or borrowed cribs should be thoroughly checked for safety. The side locks must be child proof and secure with no loose plastic materials.
- **A digital baby thermometer**—do not use one with mercury.
- **Infant formula:** If you know you won't be breastfeeding, you should have on hand: 2 cans of ready-to-feed or concentrated formula, six bottles, nipples, a bottle brush, and a nipple brush. Powdered formula is not recommended until a baby is 4 weeks old. If you are planning on breastfeeding, having formula in the house may hurt your chances of breastfeeding successfully, so wait to buy it until later.
- **Other things** that you may want to purchase include a small baby tub with a foam cushion for baby baths, an infant feeding seat, a cloth baby carrier, sling, front pack or back pack, stroller, and baby toys that are soft and washable. None of these are needed in your first days home, so you may want to wait on big purchases until you figure out what you need.

- **Car seat:** Newborns will need a car seat for the first ride home. This is one purchase that cannot wait.

Car Seat Safety

You MUST have a car seat for your new baby!

Pick out a car seat that fits in your vehicle and is easy to use. Try it in your car before buying. Car seats can be hard to use correctly without help. Go to a car seat Fitting Station prior to the birth. Call **1-888-VMT-SEAT** to find a Fitting Station location where you can have your car seat inspected by a Child Passenger Safety Technician before the baby arrives.

Consider the following:

- Every car seat must meet federal standards. Look for the label on the seat.
- Do not purchase a second hand car seat, since there may be hidden safety problems. Never use a car seat more than ten years old or one with any broken or missing parts. Check the seat for recalls and call the company if you have any questions. Take your seat to a Vermont Fitting Station if you have any questions.
- Read your car seat manual and the section about installing car seats in your vehicle **BEFORE** coming to the hospital. Have instructions handy in the car in case there is a problem. Call 1-888-VMT-SEAT if you don't have the instructions.
- The car seat should recline at a 45-degree angle. It might be necessary to use rolled towels in the crack of the seat to make this happen. The car seat should have less than 1 inch of side to side movement when checked at the belt path.
- **The car seat must be installed in the rear seat, facing the rear for infants up to at least age one and 20 pounds. Keeping the car seat rear facing longer is even better. Infants should never be in the front seat with an active air bag.**

- The car seat must have a harness that fits snugly so you cannot pinch any slack at the shoulder. Make sure the harness straps are below the baby's shoulders.
- Never place anything behind the baby's back or head. This could cause a breathing problem.
- Always use well fitting clothes with arms and legs. This is the only way the car seat harness will fit baby.
- Cover baby after the harness is buckled.
- You do not need to carry your baby in the carseat when you are out of the car. Consider a sling or other baby carrier that makes carrying your baby more comfortable.

Choosing A Provider For Your Baby

Toward the end of your second trimester is a good time to think about choosing your baby's pediatric health care provider. It is important to find someone you are comfortable with and who is interested in your concerns. Some pediatric providers welcome office visits from moms during the third trimester of their pregnancy. Call to find out if this is possible.

Your choices may be:

1. A Pediatrician

(a doctor who provides care for infants, children, and teens)

2. A Family Practice Physician

(will often provide care for entire families)

3. A Pediatric Nurse Practitioner

(a nurse specialist who cares for infants, children, and teens)

For other services, for example, behavioral or developmental specialists or educators, your health care provider is often your best source of referrals.

Consider these things when choosing a pediatric health provider:

- Does she welcome a visit while you are still pregnant to learn more about the practice?
- Are there age-appropriate toys for the children to play with in the waiting room?
- How are sick or contagious children dealt with in the waiting room?
- Does the provider answer questions to your satisfaction?
- Is the provider available for phone calls, or is there a way to handle questions or concerns regarding your child's health 24 hours a day?
- Does the provider accept your insurance or third party coverage for visits?
- Is the office location convenient for you?
- How often does the baby need well child checks?
- When and how often does the baby need immunizations?
- If planning on breastfeeding, does the practice have a certified lactation consultant on staff? If there is not a lactation consultant on staff, who will your baby's doctor refer you to if you are having breastfeeding difficulties?
- Who will see the baby for illness? Will it be your primary care provider or another provider from the group?
- What is the provider's parenting philosophy? Does it match your own?

It is important to have a pediatric or family practice health provider that you trust and can talk openly with about your child's needs. Ask friends, family, your home visitor, local Health Department, hospital or insurance company for a lists of pediatric and family health providers.

Preparing Older Siblings For the New Baby

There are things you can do to prepare the older child for the new baby.

- Make the birth seem a natural part of family development. Answer questions about the pregnancy and birth openly and honestly. Use correct terms and encourage communication. Visits friends or neighbors that have younger brothers or sisters.
- Give the older child a special status, for example, “big brother or big sister”. Let them know that is important.
- Make changes within the house well before the birth of the baby, so that the child does not associate the changes with the baby. For example, moving to a “big bed” is an important step in getting older, not because the new baby will need the crib. If you are trying toilet training, stay with it. You may have more time now than after the baby is born.
- Have someone else carry the new baby into the house for the first time so your other child knows you are still his or her mommy.
- Encourage independent activity. Praise the child for doing things separately from you.
- Praise and encourage behavior that is appropriate for his age. Do not fuss over babyish behavior. It may be attention seeking.
- The toddler needs time alone with you even if you are tired. Try to plan a special outing or activity for just the two of you. Show the older child that he is important too.
- Teach the older child how to treat the baby. Aggressive or physical behavior is not acceptable. Distract the child with another activity. Be sure to supervise the older child when around the baby. Try not to tell the older child that they will have a playmate or friend with the new baby. They may not understand why the baby can’t play with them yet.

- Reinforce for the older child how the baby loves them and wants to imitate them. Let the baby curl its fist around the older child's finger. Show how the baby will follow the sibling with their eyes and smile or coo when they are around. Older babies love to copy facial expressions, which can be fun for the older sibling. This shows him how he is special to his new brother or sister.

Sibling classes may be available through your hospital or the organizations that offer Childbirth Education classes. If you want your older child (children) present at the delivery, call the hospital where you plan to deliver to see what preparation is needed.

Planning During Pregnancy for Postpartum

Postpartum is the time after your baby's birth. New and experienced parents will go through many physical and emotional changes in the first few weeks and months. Changes in hormones, tiredness, or lack of support may result in postpartum difficulties.

Creating a postpartum plan can help prepare you and your family to cope with these changes. Usually, women with vaginal deliveries stay in the hospital one to two days after the birth. For cesarean births, the average stay is three days. Home visits after delivery are available.

- **Call your insurance company to find out what postpartum services they cover and how to get them.**
- Refer to the worksheet in the resource section of this book (*see page 167*): “Maternity Insurance Coverage: Questions to Ask Your Insurance Company”.

Here's an example of Postpartum Planning

- List the names of people that can help you and what help you might need, such as house cleaning, cooking, or doing errands.
- Make a telephone list of these people along with other numbers you will want handy, such as your pediatric provider phone number, your health care provider phone number, and someone to help you with breastfeeding questions. Tape these phone numbers to your telephone so that you have it when you need it.
- **Learn about postpartum mood reactions** together with your partner and other close family or friends. Get as much information as you can about postpartum before birth. (See the “postpartum period” section for more details.)
- Limit visitors. You will be tired and should not be expected to entertain!
- Keep extra activities for the first few weeks to a minimum. You will be very busy learning about being parents.

Write down your ideas for getting ready for postpartum:

Get a copy of the booklet “Life After Childbirth–Make It Workable For You”. It will help you make a detailed postpartum plan. If you’d like a copy, ask your health care provider or call the nearest office of the Vermont Department of Health (see back of book under List of Vermont Agencies by County for phone numbers).

What to bring to the hospital

Now is a good time to pack a small bag of items that you will need when you go to the hospital for the birth. Leave all valuables at home. Some suggestions are:

Socks/slippers	Clothes for the baby to come home
Nightgown/robe	Snacks
Supportive/nursing bra	Birth plan
Underwear	Music/tape recorder
Toiletries	Camera and Film
Watch	Lip balm or lip moisturizer
Phone numbers	Sanitary Napkins
Glasses or contact lenses	Bathing suit for support person
Nursing Pads	Extra baby blankets for positioning the baby in the car seat and towels for positioning the car seat in the car
Loose fitting clothes for going home	



Postpartum



Postpartum

Caring for Yourself & Your Changing Body

The six weeks following the birth of the baby are called the postpartum period. Body changes that took place during pregnancy happened little by little over nine months. It may take about as long, with your help, for your body to return to its pre-pregnant shape.

Physical changes include:

Vaginal Bleeding (also called "Lochia")

After the baby is born, the lining inside the uterus sheds just as it does during your monthly menstrual cycles. At first, the bleeding, or lochia, is thick and red with a few small clots. This may require changing a sanitary pad every few hours. Right after delivery, this bleeding is watched closely by your nurse to make sure it is normal. After a few days, the lochia changes to a reddish-brown color, and then becomes more pink. This can last for several weeks. If your lochia returns to bright red blood after several days, you are too busy and need to rest. If you are soaking a pad per hour and the bleeding does not slow down with rest, notify your health care provider. Lochia smells similar to menstrual flow. If it has a foul odor, call your health care provider.

Care of the Perineum

The perineum is the area between the vagina and the anus. You may have had an episiotomy or small tear in the perineum during the baby's birth. Keep this area clean to help with healing. Care of the perineum should continue for 4-6 weeks until all bleeding has stopped.

Every time you urinate or have a bowel movement you should:

- Fill your plastic squeeze bottle (from the hospital) with warm tap water.
- Remove your pad. After going to the bathroom, spray your perineal area with this water from front to back.
- Pat the area dry with toilet paper from front to back. Do not use a wiping motion.
- Put on a fresh, sanitary pad. Pads should be changed frequently. Tampons should not be used until the vagina and uterus are healed (about six weeks).

Other comfort measures include:

- Ice packs to reduce swelling in the first 12-24 hours postpartum. Dampened, unused menstrual pads can be frozen and worn in your underwear if your perineum is very sore.
- Sitz baths to help with swelling and soreness in the perineum. You can sit in a tub of warm, fresh water for 15-20 minutes a few times a day.
- Witch hazel pads, or "Tucks", are gauze pads soaked in witch hazel for relief of discomfort from stitches and hemorrhoids. These can be purchased in drug stores. Keep them refrigerated for more relief.

Uterine Contractions or Afterpains

After the baby is born, the uterus continues to contract. The contractions stop the bleeding from where the placenta or “afterbirth” was attached. First time mothers may not feel this cramping as much. Cramping seems to increase with succeeding births and with breastfeeding. Both breastfeeding and bottle feeding women experience cramps or “afterpains”, which usually get much milder within a week. Deep breathing or taking Tylenol and/or Motrin are helpful for pain relief and are safe to take while breastfeeding. The “afterpains” are an important part of healing after birth, and help your uterus return to its pre-pregnancy size.

Hemorrhoids

Hemorrhoids are swollen blood vessels inside or just outside the anal opening. Hemorrhoids commonly develop during pregnancy or after delivery from pressure of the baby on these veins in your rectum. You may have no symptoms, or the hemorrhoids can become swollen, itch or be painful. They usually will shrink a few weeks after delivery. To help with this discomfort:

- Avoid sitting for long periods of time.
- Drink lots of fluids and eat fresh fruits and vegetables to promote regular bowel movements. Avoid straining when having a bowel movement. Using stool softeners such as Colace can help.
- Taking sitz baths or soaking in a tub of warm water can soothe hemorrhoids.
- Ice packs will decrease the swelling.
- Witch hazel pads or “Tucks” will relieve itching and be soothing.
- Over-the-counter creams such as dibucainol ointment can help with pain and itching.

Constipation

Constipation is the difficult passage of hard, dry bowel movements. After delivery, an episiotomy or fear of tearing stitches may cause you to try not to have a bowel movement. This can make constipation worse! Drink plenty of fluids and eat fresh fruits and vegetables, whole grain breads, and cereal. When you need to have a bowel movement, try to relax and breathe through your mouth. Remember that your stitches will not pop. You may be more comfortable if you use your hands to support your vagina and perineum when having a bowel movement. Preventing constipation is the best medicine. Use a stool softener if necessary, or take a fiber supplement like Metamucil.

Stretched Muscles

Your abdomen stretched quite a bit during the pregnancy to make room for the baby. After your baby is born, don't expect to fit into your pre-pregnancy clothes right away. When you go home from the hospital, you will look about 4-6 months pregnant because your uterus has not gotten smaller yet. After delivery, your belly may also be flabby. The muscles in the perineum that control the flow of urine and gas may also become stretched. See the section on Postpartum Exercises for suggestions about what can help you tone your muscles.

Skin and Hair Changes

Skin changes that happened during pregnancy fade a few months after delivery.

Many women develop stretch marks on their abdomen, breasts, and thighs. They are due to changes in hormone levels that cause a dark color. Despite many myths, there is nothing that can be done to prevent stretch marks. They will turn silver or white and fade several months after delivery.

Hair sometimes grows differently during pregnancy. You may notice some hair loss after delivery. This will return to normal over the next few months.



Postpartum Warning Signs of Infection and Bleeding

- Fever (Temperature over 100°F)
- Redness, soreness, or streaking lines in your breasts
- Burning on urination or the feeling that you need to urinate all the time
- Pain on the side of your back at waist level
- Unusual low back or belly pain
- Increased vaginal bleeding, bright red in color and soaking more than a pad per hour
- Swelling, redness, or foul smelling discharge from your stitches

Diet and Nutrition

Eating well during the six-week postpartum period will aid in healing and general health. Meals should include:

- **Dairy products** (2-3 servings daily; 3 if you are a teen or breastfeeding) such as milk, yogurt, cheese.
- **Proteins** (2-3 servings daily) such as meat, fish, eggs, poultry.
- **Vegetables** (3-5 servings a day).
- **Fruits** (2-4 servings a day).
- **Grains and cereals** (6-11 servings a day) such as cereal, bread or pasta.
- **Fats, Oils and Sweets** – use sparingly.
- **Drink plenty of fluids.** Drink at least 6-8 glasses of water each day or drink to satisfy thirst while breastfeeding.
- **Folic acid** is important to take everyday to help prevent birth defects (see page 19). Just switch from a prenatal to a regular multivitamin with folic acid. It also helps with cell growth and repair and may help prevent heart disease, stroke and some cancers.

A woman may lose up to 20 pounds during the birth and early postpartum period. Extra weight may be lost by following healthy nutrition guidelines and moderate exercise. It is important to your overall health to return to and maintain your normal weight, but it is also important not to “crash diet” and try to lose weight too quickly. Try to return to your pre-pregnancy weight in 6 months to a year.

Postpartum Check-up and Preventive Health Care for Women

Postpartum Follow Up

Six weeks after delivery, you need to see your obstetric health care provider. Try scheduling this appointment as soon after you deliver as possible.

Your weight, blood pressure, breasts, abdomen and uterus will be checked. An internal (pelvic) exam will be done to make sure your body is healing and returning to its pre-pregnancy state. This is a great time to ask questions about how your body is healing, exercise, birth control options, sex, postpartum emotions, and the use of tobacco, drugs or alcohol.

Health Prevention

Following the six-week exam, see your health care provider for yearly check-ups. At these visits, your general health, weight, and blood pressure will be checked. A thorough breast exam and a Pap smear will be done. These visits are also an opportunity to discuss family planning methods and ways to stay healthy for future pregnancies. You can also help prevent future pregnancy problems and long term health problems by continuing with your healthy pregnancy habits. These habits include good nutrition, exercise, and creating healthy environments during your childbearing years. Prevention is the best medicine!

Breast Care

A daily shower or bath is enough to clean your breasts. Use warm water and a soft washcloth but avoid soap or other antibacterial preparations. These remove the natural oils from the nipple and can cause drying and cracking.

For Breastfeeding Moms

A nursing bra helps to hold nursing pads in place and protect your clothing. Nursing pads can be purchased in a grocery store or drug store. Pieces of clean gauze, diapers or handkerchiefs can be used instead of disposable pads and can be laundered and reused. Change your nursing pads whenever they become damp to prevent yeast infection and nipple pain.

Milk “comes in” about the third day after delivery. Your breasts may feel warm and heavy, or may even become hard and sore. This is called engorgement. Breastfeeding your baby frequently helps to minimize engorgement. Let your nipples air dry for 10-15 minutes after nursing. Expressing breast milk onto your nipple and let it air dry to help decrease nipple soreness. *Lansinoh* is an all-natural skin conditioner used in the hospital and available over the counter to help with soreness and cracking from breastfeeding.

Breastfeeding should not hurt. Positioning of the baby during breastfeeding is critical to preventing nipple soreness. Get help from nurses in the hospital. If you have any pain with breastfeeding at home, or if engorgement does not get better in one or two days, call your health care provider or lactation consultant.

For Bottle-feeding Moms

Wear a supportive bra day and night (sport bras work well) until the feelings of fullness or engorgement subside. Ice packs can help reduce engorgement. Frozen bags of peas or corn from the grocery store work well. Tylenol will relieve discomfort. Try not to empty your breasts since this may cause more milk to be produced. Avoid any stimulation to your nipples. Try not to let hot water from the shower spray directly on your nipples and breasts. The discomfort from engorgement should improve in 2-3 days.

Emotional Changes: Postpartum Mood Reactions

Following the birth of your baby, emotions can range from joy to exhaustion. It is important for new mothers to talk about their labor and delivery experience. The first few days after labor and delivery, women may feel tired and anxious. You may have very little control over your schedule. It is often an emotionally and physically draining time. With nighttime feedings and demands during the day, it is easy to become exhausted and depressed. Changes in hormone levels can contribute to feelings of sadness. It is normal to have a day or two when you feel sad or cry easily due to all of the changes. This is called the “Baby Blues”. Try the following to help adjust:

- Get as much rest as possible.
- Limit visitors when you first arrive home.
- Have others help as much as possible with housework and cooking.
- Call a trusted support person whenever you have infant care or feeding questions.
- Talk about your feelings with your supports and with those who can help.
- Obtain a copy of **“Life After Childbirth”** from your health care provider or local Department of Health.

If these feelings persist or interfere with your ability to take care of the baby or yourself, or if you have any of the warning signs below, then you should call your health care provider. True postpartum depression is frequently treated with medication, which can help adjust your body’s chemistry. There are safe medications to take while breastfeeding, so don’t let this be a reason to delay getting help. Partners should watch carefully for any of the signs listed below.

Warning signs of “Postpartum Depression” include:

- Loss of appetite.
- Crying spells.
- Feelings of hopelessness or loss of control.
- Losing interest in things you normally enjoy.
- Fear of touching the baby.
- Little or no concern about personal appearance.
- Difficulty sleeping or excessive sleep.
- Anxiety, irritability and hostility.
- Think about hurting yourself or your baby.

Postpartum depression can last for several months. Women sometimes feel guilty because they cannot find a reason why they feel so sad. You are not alone. Postpartum depression is treatable. Call you health care provider right away if you experience any of the warning signs above.

You Are Not Alone

For answers to your questions, help at home and emotional support call:

Your healthcare providers
Adoption support services
Breastfeeding consultant
New mother’s support group
Parenting classes

Parent Assistance Line
1-800-727-3687

The nurses at your delivery hospital
Your childbirth instructor
Local Visiting Nurse Association
Breastfeeding support group
Postpartum exercise groups

Healthy Babies Coordinator
1-800-649-4357

Activity, Housework and Exercise

It is normal to have a lot of visitors stop by to see the baby and to share your experience. It is also easy to become overtired. This may affect your milk production, emotions, and energy levels. Set aside rest and quiet time for at least two weeks to recover. If family members come to stay to help out, let them do the housework. You should not be entertaining or doing all the meal preparation!

If you do not have family to help at home, then keep the following in mind:

- Do light housework only such as washing dishes or doing laundry.
- Take advantage of any in-home support services covered by your insurance.
- Avoid heavy housework such as carrying laundry, washing floors, vacuuming, etc.
- Try to avoid going up and down stairs. Organize what you need where you will end up spending most of your day.
- Sleep when the baby sleeps. Frequent short naps can be hard to get used to, but really do help you feel more rested. It also gives you a quiet time to spend close to your baby.
- Remember, if your bleeding increases, then you are doing too much. Rest and put your feet up!



Driving

- If you have had a cesarean birth, you may be advised against driving for a few weeks. If you need to stop quickly when driving, the abrupt movement may be difficult following abdominal surgery.

Simple Exercises Following a Vaginal Birth

- **Abdominal strengthening (pelvic rock) exercises:** Lying on your back with knees bent, put your hands under your lower back, breath in and flatten your low back into your hands while you breathe out to the count of three.
- **Head lifts:** Once you are comfortable with the pelvic rock exercise, it can be expanded to lifting the head off the floor while breathing out to the count of three. Relax and take deep breaths between each lift. Once you are comfortable with 10 head lifts at a time, it can be increased to lifting the head and shoulders off the floor. Gradually, you can lift your head and shoulders towards each hip and hold to the count of three.
- **Leg extensions:** While lying on your back, you can also do leg extensions or slides by holding your lower back to the floor and sliding each leg to the floor. This can be repeated five times on each leg.
- **Kegel exercise:** This is tightening your muscles around your vagina and rectum. Remember to do the Kegel exercise as often as you think about it. Kegels are described in “Exercise in Pregnancy” in the Staying Healthy section (page 29).
- **Posture:** Stand tall, chin up, and belly pulled in rather than slouching.

After a cesarean birth, the same exercises can be done with two repetitions to start. Gradually increase to five as you begin to feel better. You cannot tear open your incision by doing these exercises. If you have any concerns, you should talk with your doctor or midwife. If you notice any increase in your bleeding, stop the exercises and rest. After six weeks, women usually resume their previous exercise and activity schedules.

Sexual Relations

- Ideally, intercourse should wait until your 6-week postpartum check-up or until your vaginal bleeding stops (usually 4-6 weeks).
- Affection with your partner is encouraged in the postpartum period, but it is normal and common for women to feel a decrease in their sex drive and have a prolonged reaction time. This may be due to fatigue, fear, and worries about body changes and appearance.
- Vaginal dryness is common due to hormonal changes. Vaginal lubricants (K-Y jelly) can be used.
- It is common for a nursing mom to release milk during intercourse. Try nursing the baby before, or wearing a bra during intercourse.
- Often both partners are anxious, the woman is often sore and hesitant, and many partners fear hurting the new mother. **Communicating your feelings is very important during this time.**

Birth Control

Even though you have just had a baby, you can become pregnant once you have sex again. You need to use birth control if you want to prevent another pregnancy soon after the birth of your baby. Usually, birth control is discussed in the hospital and at your six week postpartum check-up.

Things to consider about birth control options are:

- How well the method works.
- How safe it is.
- How much it costs.
- How easy is it to use.

Breastfeeding women can become pregnant. Although a nursing mother may not have a period for several months, she may still ovulate. If you want to be sure to prevent pregnancy while breastfeeding, a birth control method should be used.

Birth Control Choices

Method	How it is used	How it works	Potential side effects	Do not use	Effectiveness
Ortho Evra (Hormones)	Thin patch with estrogen and progesterone applied to skin weekly.	Releases estrogen and progesterone from a patch to prevent ovulation.	Spotting, breast tenderness, headache, nausea, skin irritation.	Begin no earlier than 6 weeks postpartum. May decrease breast milk supply. Women who smoke, are 35 or older, have clotting problems, been counseled not to use estrogen, or have a history of migraine headaches should not use Ortho Evra.	1 woman out of 100 per year will become pregnant.
NuvarIng (Hormone)	Flexible ring placed into the vagina once a month..	Estrogen and progesterone are released from the ring and prevent ovulation.	Spotting, headache, vaginal discharge, vaginal irritation.	Same as Ortho Evra (hormone) above.	Less than 1 woman out of 100 per year will become pregnant.
Diaphragm Condom (Barrier Method)	The male condom is placed over the penis. The female condom and diaphragm are inserted into the vagina and over the cervix.	Prevents the sperm from reaching the egg. Use of a spermicide provides some protection against STDs (sexually transmitted diseases).	Can increase risk of urinary track infections.	Allergy to latex, spermicides or diaphragm gel/cream. History of toxic shock syndrome or inability to insert and remove correctly.	When used correctly and every time you have sex, can prevent pregnancy 95-98% of the time.
Lea's Shield (Barrier Method)	One-size, cup-shaped reusable rubber device used with spermicide. Requires a prescription.	Placed in vagina, it blocks sperm from moving through the cervix to the uterus. It does not offer STD protection.	May cause an allergic reaction to silicon or spermicides. May cause bladder infections.	History of toxic shock syndrome. Allergy to silicone or spermicides. Inability to insert and remove the shield.	15 women out of 100 per year of typical use will become pregnant.

Method	How it is used	How it works	Potential side effects	Do not use	Effectiveness
The Pill / Oral Contraceptives (OC's)	A pill, usually taken daily or as prescribed by your doctor.	The "Pill" is made up of hormones that prevent ovulation (releasing an egg) and thickens cervical mucous which also prevents sperm from meeting the egg.	Not every woman experiences side effects. Some may include nausea, breast tenderness, mood swings. They do not protect against STDs. Positive side effects can include a decrease in menstrual flow, cramps and PMS.	Should not begin until 6 weeks Postpartum. Some pills decrease the supply of breast milk. Women who smoke, are 35 or older, who have clotting problems, who should not use estrogen or have a history of migraine headaches should not take OC's.	If taken consistently and correctly as prescribed, every day, pills are very effective. Human error is the biggest reason why OC's may fail (typical use) 5 women out of 100 will get pregnant in the first year with typical use, less than 1 in 100 will with perfect use.
Implanon (Implants)	Single plastic rod inserted into a woman's upper arm, provides protection for 3 years.	Releases small amounts of progesterone over time to prevent ovulation. Thickens cervical mucus to prevent sperm from entering uterus.	Shorter menses, irregular bleeding. They do not protect against STDs.	Have unexplained vaginal bleeding, breast cancer, specific medical conditions or are in the first 6 weeks of postpartum.	Less than 1 in 100 women will get pregnant.
Depo/Lunelle (Shots)	Depo is a shot given every 3 months.	Depo has the hormone progesterone which prevents ovulation.	Depo causes menstrual irregularities, may cause weight gain, hair loss and mood changes or depression. It does not protect against STDs.	Begin using no sooner than 6 weeks postpartum if you are breastfeeding. Use Depo cautiously if you have a history of depression, if you want to become pregnant within a year, or if you are high risk for osteoporosis.	Only 3 in 1000 will become pregnant during the first year using Depo.

Method	How it is used	How it works	Potential side effects	Do not use	Effectiveness
Natural Family Planning (Rhythm Method)	Basal body temperature charted daily and cervical mucus checks done to determine safe times to have sex.	Abstaining from sex during the woman's fertile days.	Difficult to use postpartum due to irregular schedules.	If irregular cycles, abnormal bleeding can occur with certain medications.	25% chance of pregnancy.
Emergency Contraception	Oral hormone medication used only in emergencies, e.g., when birth control did not work or not used, or when sex is forced.	Prevents the sperm from reaching the egg. Prevents ovulation. Must be taken within 120 hours of having sex.	Nausea and vomiting, cramps, tender breasts, headache.	Same as the pill	Decreased chance of pregnancy by up to 98%.
IUD's or Intrauterine Device	A small plastic device that is inserted into your uterus (womb). There are 2 types. The Mirena IUD has progesterone and can stay in place up to 5 years. The copper IUD may be in place up to 12 years. They are inserted and removed at your health care provider's office.	IUDs prevent the egg from becoming fertilized. They can be used by postpartum moms and while breastfeeding.	The Copper IUD can cause heavier periods with more cramping the first three months. The Mirena may cause spotting the first 3 months. Neither type protect against STDs.	IUDs are not recommended for women with a history of pelvic inflammatory disease, STDs or multiple partners, certain medical conditions, or abnormal vaginal bleeding.	1 out of 100 women will become pregnant in the first year of use.

Hatcher, Robert MD, MPH et al. (2004) *Contraceptive Technology*. Ardent Media Inc.; 18th Edition.

Breastfeeding

Breastfeeding is a learning process between mother and baby and takes time. If you have concerns about how breastfeeding is going, there are lots of people who can help. Good resources for breastfeeding information include your baby's health care provider, Lactation Consultants, home visitor, La Leche League leaders, and friends or family who have breastfed their own babies. For families eligible for WIC, each WIC office has a breastfeeding liaison, who can also answer questions or connect you with other experts.

Common Breastfeeding Terms

Areola – dark ring around the nipple of the breast.

Colostrum – called “first milk”, this is what the baby will get from your breasts the first two to three days after delivery. It is a concentrated, nutritious fluid that has many benefits for the newborn. It contains antibodies to protect against disease and substances to help your baby's gut start to digest and process food. Your baby is born with a tiny stomach and only needs tiny amounts of colostrum, so there is not very much milk at first.

Foremilk – the first milk that comes out at the beginning of each feeding. Sometimes foremilk is thin and watery.

Hindmilk – makes up the later part of the feeding. The hindmilk has more protein and fat than foremilk, giving the calories infants need to thrive. Your baby will receive more hindmilk if you breastfeed frequently and let your baby finish each breast before changing sides.

Lactation – the natural process of making breast milk and breastfeeding an infant.

Latch-on – how the baby attaches correctly onto the breast and takes the nipple and areola into her mouth.

Let-Down or milk-ejection reflex – let-down is when the milk is released from the milk-producing glands of the breasts. Some mothers notice feelings such as a tingling of the breasts, warming of the upper body, and breast fullness during let-down, while others don't feel anything. When let-down happens, your baby's sucking slows down and swallowing is deeper and louder. Let-down can occur more than once during a feeding or at other times, such as when a mother hears a baby cry or thinks about her baby.

Milk “coming-in” or engorgement – by the second or third day after the baby is born, colostrum gradually changes to mature breast milk. Most women will notice breast fullness and you may become “engorged” (having hard and painful breasts).

Rooting reflex – babies are born with this reflex. A baby will naturally turn toward something touching her cheek or lips. This is called rooting. She will move her head back and forth, open her mouth and sometimes stick her tongue out.

Sucking reflex –when something is placed in her mouth, your baby will naturally suck.

Getting Started

Breastfeeding Positions

How the baby is positioned and latches-on to the breast is key to preventing sore nipples. A good latch insures that your baby will get plenty to eat, and helps to make this a successful breastfeeding experience.

- Position yourself with back and arms supported so that the baby's head is right at the level of your nipple. Pillows can be a big help. Don't lean forward to get your nipple to your baby's mouth. Bring the baby's mouth to your breast. If seated, your feet are flat on the floor or supported with something like a footstool.
- Think "tummy to tummy"—the baby's tummy facing your tummy.
- Experiment until you find the most comfortable feeding position for you and your baby.

Some recommended positions are:

- **Side-lying:** While lying down, with your baby close to you, line her nose up near the nipple closest to the bed. She will tilt her head back to latch on when she feels your nipple. Side-lying is often more comfortable for mothers who have had a Cesarean section, and is a great position for all mothers to get some rest while feeding. Pillows to support your back can make you more comfortable.
- **Clutch hold:** Your baby is held by the arm on the same side as the breast you are feeding from. The baby's bottom is near your elbow, with his back resting on your arm and his feet behind you. This position is great when you are just learning to breastfeed. It is easy to see your breast, and your hand can control your baby's head position. Support your baby's neck and shoulders – if you hold the back of his head, your baby will push back on your hand and away from the breast.
- **Cradle hold:** Rest the baby's head in the inside of your arm and turn the baby so his/her belly is against your chest. This position is easier once you have been breastfeeding for a few days and do not need as much control over your baby's head.

Breastfeeding Positions



Cross-cradle hold



Clutch hold



Side-lying hold



Cradle hold

Latch-On

- Start to latch your baby as soon as she shows early signs of hunger, such as eye movements, sticking out the tongue, making sucking or grunting noises, or hand to mouth movements. Your baby does not need to have her eyes open to feed.
- Position your baby so your nipple is between her mouth and nose. Her chin should touch the breast first. Babies like to bring their heads back to get a good wide latch.
- Touch the space between your baby's lips and nose with your nipple. This starts the rooting reflex, which will cause her lips to open wide. As your baby opens her mouth, bring your baby towards your breast with your nipple aimed at the roof of her mouth. If you are holding your breast, keep your hand away from the areola to give your baby lots of room for a big mouthful.
- Discomfort or pain while breastfeeding usually means your baby is not latching on properly. If you feel pain after the first few seconds when your baby latches on, put your finger in the corner of your baby's mouth to release the suction and try again.
- Give the baby breathing space. If her nose is pressed against your breast, pull her legs back in towards you to help her head tilt back. Don't press on your breast to give the baby breathing space which can block the flow of milk or break the suction.

Signs of a good latch are:

- All of the nipple and at least one inch of areola are in baby's mouth.
- Mother feels a gentle tug at the nipple, but no pain after the first few moments.
- Lips are flanged out (with a good latch, the lips are often hard to see because the baby's cheek is directly against your breast).
- Tongue is over the lower gum.
- Baby stays on the breast.
- You hear swallowing or your baby's suck slows down after a minute or two. Babies suck slower when they are swallowing mouthfuls of milk.

Latch On Positions



How Often and How Much

- Plan to breastfeed as soon after birth as possible. Keep skin-to-skin contact with your baby right after she is born to encourage her to breastfeed as soon as she is ready. Your body heat will keep her just the right temperature.
- A newborn baby needs to be fed at least 8-12 times in a 24-hour period. Scheduled feedings only work for much older babies.
- Feed as often as your baby shows signs of hunger.
- It is normal for a newborn baby to cluster feedings close together. For instance, the baby may feed at 7:00, 8:00, and 8:40 AM and again at 10:00 AM, and then sleep for four or five hours.
- Generally, newborns may have one four to five-hour sleep period each 24 hours. This doesn't necessarily happen at night. Keep nighttime feedings quiet as much as possible and try to sleep when your baby sleeps to make sure you get enough rest.
- Crying is a late sign of hunger. Watch your baby for early hunger cues, including rapid eye movements, sucking movements of the mouth or tongue, hand to mouth movements, or small sounds. If you nurse your baby at early signs of hunger, it is easier for your baby to latch onto your breast.
- Newborn babies can take up to 30-45 minutes to nurse. Feedings will take less time as the baby grows older.
- Nurse until the baby falls away from the breast, becomes sleepy or stops sucking. Finish or empty the first breast before offering her the second breast.
- You may burp the baby when she finishes the first breast and releases it on her own.
- Start feeding on the second breast. If the baby doesn't feed as well, start with the second breast at the next feeding. You can remind yourself what breast to start on by placing a safety pin on your bra strap on that side, or just feel which breast is fuller.

- If you need to take your baby off of the breast before he is finished nursing, break the suction by putting your finger into the corner of the baby's mouth or by tugging gently on his chin. This will prevent damage to breast tissue.
- If the baby nurses on the second breast, burp again.
- Avoid using pacifiers or bottles until breastfeeding feels easy and comfortable, usually around 4 weeks.
- Breast milk provides all the nutrition your baby needs until he is about six months old. Talk with baby's health care provider about when your baby is ready to start solid foods

How Will I Know if My Baby Is Getting Enough Breast Milk?

- Make sure your baby breastfeeds as often as she wants to, at least 8-12 times each 24-hours.
- Give only breast milk (no formula or water). The more your baby breastfeeds, the more milk your body will make – so giving any other foods can decrease the amount of milk you make.
- Let your baby finish the first breast before switching sides during a feeding.
- Look for your baby to be happy or sleepy after breastfeeding (not restless or fussy).
- Check for at least one of the following signs of swallowing:
 - You hear the swallow (usually after every one to three sucks).
 - Your baby sucks with a slow rhythm, pausing with her jaw open.
 - You see or feel your areola drawn into her mouth as her jaw drops.
- Your baby's health care provider will follow your baby's weight gain. You do not need a scale to know your baby is gaining weight. You will see your baby's cheeks fill out and she will start to fit more snugly in her clothes and outgrow newborn outfits. A baby who is alert, bright-eyed, and feeding well, is usually getting enough breast milk.

- The number of wet and soiled diapers is an important sign that your baby is getting enough breast milk. From the first day after birth to the seventh day, you should look for your baby to have at least the following number of soiled and wet diapers:

Day	Wet Diapers	Soiled Diapers
One	1	1
Two	2	2
Three	3	2
Four	4	3
Five	5	3
Six	6	4
Seven	6 – 8	4 – 12

After one week, expect at least 6–8 wet and 4–12 soiled diapers each day for the first few weeks. After six weeks, your baby may start to poop only once a day or less.

Are Supplements Needed?

There are few medical reasons for a breastfeeding newborn to be fed water or formula. If this is necessary, find out what you can do to keep your milk supply up, such as pumping or hand expressing milk. Formula or water can be given to the newborn in small amounts from a tiny cup or with other feeding methods. This keeps the baby from getting confused by a different nipple and flow.

Nutrition While Breastfeeding

No special diet is required for breastfeeding. However, for best healing and recovery from pregnancy and childbirth, you are encouraged to eat a well-balanced diet. (See “Postpartum” section on nutrition after delivery).

If you are on a restricted diet or are vegetarian, talk with your health care provider to see if you need to make any changes to be sure you are getting all the nutrients and protein that you need.

Most nursing mothers can eat just about anything. Foods that are bothersome to you are the most likely to bother the baby.

Breastfeeding makes you naturally thirsty. Water, juice, seltzer, and skimmed milk are excellent choices when you are thirsty. Try to avoid alcoholic or caffeinated beverages.

What About Breastfeeding and Drugs, Medications, Alcohol, Smoking, Artificial Sweeteners and Hazards in the Environment?

It is rare for a drug that crosses into your breast milk to have a harmful effect on your baby. It is important to tell your health care provider that you are nursing to be sure any over-the-counter medications, prescription drugs or anesthetics you need are safe for your baby.

Decongestants can decrease your milk supply, but most medications that have side-effects have breastfeeding-safe alternatives.

- Too much alcohol can affect your ability to care for your baby. It can also affect the baby's weight gain and growth if you are breastfeeding.
- Smoking may decrease your milk production and cause serious health effects for your baby. Avoid smoking in the home and when your baby is nearby. The benefits of breastfeeding outweigh the risks of your baby not receiving breast milk. See the Community Resources section for help to quit smoking.
- Large amounts of caffeine (in coffee, chocolate and some sodas) may cause your baby to be wakeful, jittery, and fussy. (See caffeine-containing products, page 23) Try cutting back on caffeine and slowly replacing it with decaffeinated choices.
- It has not been proven that saccharin or aspartame (NutraSweet) is safe or unsafe while nursing. If you use large amounts of artificial sweeteners, discuss this with your baby's health care provider.
- If you use any herbal preparations, check with your health care provider to make sure these are not harmful to breastfed infants.
- There are harmful levels of mercury (and other contaminants) in some fish caught in Vermont waters as well as some fish you buy in the grocery store. Mercury can be passed along to the baby during breastfeeding if you eat fish with high levels of mercury.

For safe eating guidelines see www.mercvt.org or call 1-800-439-8550.

- If you think you may have been exposed to lead or lead dust through work, hobbies, or remodeling, contact your health care provider. Usually the level of lead in the blood is not enough to cause dangerous levels of lead in breast milk, but the dust in your house or on your clothing can be very dangerous to your growing baby and other children. Your health care provider can order a blood test to check your blood lead level.

Prevention and Treatment of Common Problems

There are a few common problems that may crop up during your breast-feeding experience. Learning about these now will help you to prevent many of them and prepare you to deal with any that do arise.

Engorgement

Two to three days after delivery, your breasts may become “engorged” and feel hard, swollen, throbbing or painful. This is caused by an increased flow of blood to the breast, collection of milk and swelling of the tissue. Symptoms usually last two to three days.

To treat engorgement:

- Nurse frequently and let the baby decide when to end the feeding.
- Wear a supportive bra day and night, but not one that is tight or has underwires that can block the flow of milk.
- Apply warm compresses or take a warm shower before nursing to soften your breasts.
- Before nursing, manually express or pump enough milk to soften the areola so it is easier for your baby to latch on. Do not empty the breasts before or between feedings. Just pump or express enough milk to soften your breasts.
- Apply cold compresses after nursing to relieve swelling and discomfort.

Sore or Cracked Nipples

To prevent sore or cracked nipples:

- Check for proper positioning and proper latch. If you're not sure, ask for help.
- If you need to end a feeding before the baby is ready, break the suction with your finger.
- Air dry nipples after each feeding for 10-15 minutes.

To treat sore or cracked nipples:

- Rub some breast milk onto your nipple and let it air-dry.
- Use “Lansinoh” or another purified lanolin cream after nursing to soothe chapped skin on your sore nipples.
- Nurse on the least sore side first until it begins to feel better.
- The most common reasons for sore or cracked nipples is improper position or latch. Other reasons include a baby with “tongue-tie” or infection on your nipples, such as a yeast infection (see ‘thrush’ on next page). If nipple soreness continues more than a day or keeps getting worse, call your health care provider, a Lactation Consultant, WIC program staff, or another breastfeeding resource. Sore nipples can usually be treated easily, so don't feel like you have to “tough it out”. Sore nipples are not a normal part of breastfeeding.

Plugged Duct

A red, sore, hot, tender, or hard lump on one area of the breast could be the sign of a plugged milk duct. If not relieved, a plugged duct can turn into an infection of the breast tissue (mastitis).

To prevent a plugged duct:

- Nurse often.
- Use different feeding positions for each feeding.
- Avoid anything that can block the flow of milk such as a tight bra or underwires. Carrying a heavy diaper bag or backpack can also cause a plugged duct.

To treat a plugged duct:

- Apply warm compresses or take a warm shower.
- Massage the breast from the sore spot towards the nipple while nursing or while you are in the shower (massage gently to avoid damage to your breast tissues).
- Change the baby's position with each nursing.
- Position your baby's chin towards the sore spot to help it drain.
- Drink extra water and try and get extra rest.

Breast Infection or Mastitis

Signs include:

- Red, very sore hard area.
- Red streaking from the area.
- Fever, chills.
- Flu-like symptoms.

Use the same prevention and treatment as for plugged ducts above, but you must also talk with your doctor or midwife. They may prescribe an antibiotic.

Thrush (Yeast Infection)

Some babies get a fungal infection in their mouth, which can pass to mom's breasts if not treated. Thrush looks like white patches that are different than the normal white coating of milk on the inside of a baby's mouth after a feeding and do not rub off.

To help prevent thrush, air dry your nipples after each feeding so they don't stay damp for long period of time. You can also take acidophilus capsules after taking antibiotics.

Call your health care provider if you think you have thrush. Both mom and baby need to be treated at the same time.

Growth Spurts

Growth spurts are short periods of very rapid growth for your baby. These often occur once in the first three weeks, as early as seven days after birth and around six and twelve weeks of age. You will notice your baby suddenly wanting to feed more often and she may be fussier than usual. This is a normal phase and does not mean that your milk is “drying up”. Breastfeed as often as your baby wants to, drink more liquids, and rest as much as you can. Ask others to help with meals and household tasks. Within 24-36 hours your milk supply will catch up with your baby’s demand. Once the growth spurt is over, your baby will nurse less often, you will make more milk each feeding, and your breasts will be softer and more comfortable. Avoid the temptation to give your baby a bottle or a pacifier during a growth spurt, since this will interfere with your body’s ability to make more milk for your baby.

Breastfeeding Help

If you have any trouble breastfeeding your baby, if you are worried your baby is not getting enough to eat, or if breastfeeding is painful, there are a lot of people you can call for help. Both you and your baby are learning new skills. It is normal to need a little extra help to get off to a good start!



Who to call?

- There are many people who can help you with breastfeeding problems. The hospital staff, your baby’s health care provider, home health nurses, WIC program staff, lactation consultants and La Leche League volunteers are available for breastfeeding questions.

See the list of local resources at the end of this book.

Conflicting advice

Many mothers are confused by all the different advice they get about breastfeeding. There is not one right way to breastfeed, and you and your baby will figure out the techniques that work best for both of you.

Trust your mothering instincts!

Returning to Work or School

You may think that you need to stop breastfeeding if you return to work or school, but you don't! Continuing to breastfeed gives you and your baby a special closeness that makes it easier to be away during the day, while still giving your baby the special nutrition of breast milk. To learn more about expressing and feeding breast milk, see the Vermont Department of Health "Breastfeeding Friendly Employer" section at http://healthvermont.gov/family/breastfeed/employer_project.aspx or call your local Health Department for more information.

Tips for When You Must Be Away From Your Baby

Plan ahead before your baby is born to make returning to work or school easier. Continue breastfeeding once you return to your busy schedule by pumping or expressing breast milk while you are away. Breast milk helps protect your baby from illness, and you will miss fewer days of work or school.

Things to do while you are pregnant:

- **Talk to your employer about breastfeeding.** This may be an awkward conversation to start, but it is important that your employer know your plans before you come back from maternity leave. Tell your employer that you plan to express milk for your baby during the work day and will need three things:
 1. **A private space** to pump that has a door that you can lock from inside so that you will not be disturbed. The bathroom is not a sanitary place to express milk, and should only be considered as a last resort.
 2. **Breaks** during the day to express milk. Most moms are able to express enough milk with two 15-minute breaks and pumping during their lunch break. If you are not given paid breaks, you may be able to come in 15 minutes earlier and stay a little later to make up the time each day. Even if you do not plan to provide all of the food your baby needs each day, it is important to pump during the day so that you do not become overly full and risk plugged ducts

and mastitis. Regular pumping keeps up your milk supply so that you can exclusively breastfeed whenever you and your baby are together.

3. A company policy that protects your right to express milk for your baby.

When talking to your employer, remind them of the benefits they will see if you continue to breastfeed. Studies show that employers who support breastfeeding mothers are rewarded with lower absenteeism, higher employee satisfaction, and lower turnover rates.

■ **Find a supportive child-care provider.** When you are looking for a child-care provider, take time to talk with them about feeding breast milk to your baby. Ask if they have done this before and what that experience was like. You may want to ask them some of the following questions:

1. Are they willing to thaw frozen milk for your baby, or will you need to bring it in ready to feed?
2. Are they willing to store milk in their freezer in case they run out during the day?
3. Will they agree to wait to feed your baby if you are due to arrive soon so that you can breastfeed?
4. Can you visit your baby for feedings during the day? If so, are they willing to schedule feedings around times that you can be there?

Starting Bottles

Try not to worry about introducing bottles until breastfeeding is well established. Once your baby is four to six weeks old, you can start giving an occasional bottle of expressed breast milk to get her used to taking a bottle. Try not to give more than one bottle per day. Breastfeeding directly is better for your milk supply.

Tips for bottle feeding your breastfed baby:

- Use a slow-flow bottle nipple for as long as your baby is breastfeeding. A fast-flow nipple will feed your baby too quickly, and may cause him gassiness and discomfort, or he may prefer the bottle because it is less work.
- When you are buying bottle nipples, get only a few of each kind. Your baby will let you know which one she prefers.
- Feed only small amounts at a time. Breastfed babies may take only two or three ounces in a bottle at a time. Let your baby decide when to end a feeding, and never pressure him to finish a bottle.
- Many babies won't take a bottle from their mothers. They know the "real thing" is close by! Have someone else try giving a bottle, such as your partner, family member, or a babysitter. You may have to leave the room so your baby doesn't hear or see you before she takes a bottle, but don't worry, she'll catch on eventually!
- Some babies will not take a bottle in the position used for breastfeeding. The person offering the bottle should try a variety of positions, such as having the baby sit in their lap facing away from them.

Expressing Breast Milk

Hand expressing and pumping breast milk are skills you need to learn, just like breastfeeding. If you have trouble with milk let down when you are expressing, work on relaxing and think about your baby. Even if you plan to use a breast pump, it is a good idea to practice hand expression in case you forget pump parts one day, or are without power.

Hand Expression

- Wash your hands with soap and water before starting manual expression.
- Use a clean container with a wide mouth to collect the milk.
- Before starting to express milk, gently massage your whole breast or place a warm, moist cloth on your breast for a minute.
- When expressing milk, hold your breast with thumb and fingers at least one inch back from your areola. Gently push back towards your ribs while rolling your fingers toward the areola and gently squeezing. Squeeze behind your nipple, not on the nipple itself.
- When milk stops flowing, move your fingers around your breast to drain the milk ducts in a different location.
- Change breasts a few times while expressing.
- It may be easiest to practice hand expression in a warm shower, where you don't have to worry about collecting the milk.

Using a Breast Pump

- Wash your hands with soap and water before beginning to pump.
- If you plan to pump more than once a day during the week, a high-quality double-electric breast pump will work the best. Medela and Ameda make the most popular double-electric breast pumps. The single-sided or battery-powered pumps are only designed for occasional separations, and the motors do not hold up to full-time pumping.
- If you are eligible for WIC, you can borrow a pump at minimal cost, or high-quality breast pumps can be rented month by month (see breastfeeding resources for pump rental stations).
- The manual pumps made by Medela and Avent are also high quality pumps, and are far less expensive than an electric pump. Pumping will take longer, as they only pump one side at a time. These pumps are also good “back-up” pumps.

- When pumping, try to relax and think about your baby. Take along a magazine you enjoy or a book to read.
- You do not need to turn the pump suction up all the way. Pumping should be comfortable and you will get the most milk if the pump settings feel like your baby.

Proper Storage of Breast Milk

- Breast milk storage containers should be sterilized in boiling water before the first time you use them. After that, washing them in hot soapy water or the dishwasher is fine.
- After expressing milk, label the container with the date.
- Chill expressed milk as soon as possible to keep bacteria from growing.
- If you do not have access to a refrigerator to store your milk in during the day, keep it in an insulated cooler with ice or freezer packs. The cooler is also used to carry the milk home from work.
- Any milk expressed in the same day can be stored together in the same bottle.
- Fresh milk can be added to refrigerated milk. Cooled milk can be added to frozen milk.
- It is normal for breast milk to separate, with a fatty layer rising to the top. This top layer contains fats that are important for your baby's growth. Before feeding, the milk should be gently swirled to mix the fats back into the milk. Do not shake.
- Use fresh breast milk for your baby whenever possible, as freezing destroys some of the anti-bacterial and immune-boosting properties of breast milk.
- If you will not be using expressed breast milk within a week, it should be frozen as soon as possible after expression. Freeze in single-serving amounts, about 2 to 4 ounces.

Feeding Expressed Breast Milk

- Refrigerated milk should be warmed under running warm water or in a pan of warm water. Microwaving is not recommended. It can create hot-spots that could burn your baby. It also destroys some of the immune-boosting proteins in breast milk.
- Frozen milk should be thawed in the refrigerator or under lukewarm water.
- If a bottle of fresh (never frozen) breast milk is not finished during a feeding, it can be reheated one time and offered again. If breast milk was previously frozen, it should be discarded if the bottle is not finished at a feeding.

How Long Can Breast Milk Be Stored?

Temperature	Time Limit
Room temperature	4 to 10 hours (depending on temperature)
Refrigerator (do not store on the door)	8 days
Freezer (separate unit of refrigerator with its own door)	3 – 4 months
Deep freezer (chest freezer)	At least 6 months

(source: *The Breastfeeding Answer Book*, LaLeche League International, 3rd edition, 2003)

Getting ready to go back to work or school

About two weeks before you return to work, start pumping or hand expressing a little bit each day. You will get used to expressing milk and then have a bit of stored milk for baby's first day away from you. You may not get much milk when you start pumping. Remember, you are expressing milk in addition to providing your baby with all the food he needs to grow! By expressing at the same time each day, the amount you get gradually increases in response to the extra demand. Try to express milk in between feedings. You can also use a breast pump to pump one side as your baby nurses on the other. Try not to give a bottle if your baby seems hungry after nursing once you start pumping. By letting your baby nurse on demand, your milk supply will gradually increase so that you will have enough milk for your baby and a little extra to store.

Most moms are able to collect between one and three ounces a day by adding one pumping session to times that their baby is on the breast. When your baby takes a bottle, don't forget to express for each missed breastfeeding session!



Tips for your first day back

- Try to schedule your first day back in the middle of the week.
- Leave several 2 to 3-ounce bottles with your baby's care provider. If your baby is hungry after a small bottle, your care provider can heat up a small amount in another bottle. If a bottle is heated and not used right away, it can be kept for an hour and used again.
- Call your care provider to check on your baby. It is normal to be worried your first days apart, and you will enjoy hearing the details of his day.
- Be sure to take your pumping breaks. The first few days can feel overwhelming. Taking breaks to express milk gives you time to rest and think of your baby.
- Remember to take care of yourself! Keep a bottle of water with you, as well as nutritious snacks. You may be surprised by how hungry you get during the day.

Bottle Feeding

What Kind of Formula to Use?

Your baby's health care provider will talk with you about what kind of iron fortified formula to use. It comes in three forms:

Ready-to-feed: easy to use, never needs dilution, most expensive;

Concentrate: requires preparation, less expensive;

Powder: needs preparation, is lightweight, good for travel, and least expensive.

How Often and How Much?

Newborns usually eat every one to three hours during the day and at night. Your newborn may eat frequently over a six to eight hour period, then wait three to four hours to eat again. Or she may nibble more frequently.

A baby's stomach is small. She may take only $\frac{1}{2}$ to 1 ounce at a feeding. By the end of the first week, she may be taking three to four ounces. If she slows down and doesn't act eager to drink, try burping her. If she burps and is no longer eager to drink, stop the feeding. Throw out any leftover formula.

Your baby is getting enough formula if she has at least five to six disposable diapers or six to eight wet cloth diapers a day, and at least two bowel movements a day.

If your baby is difficult to wake to feed, especially if she has less than five to six wet diapers a day, call your health care provider right away.

Preparing and Storing Formula

Wash your hands with soap and water before preparing bottles.

Follow the mixing instructions on the package.

Let tap water run until cold for a few minutes to flush out any lead that could be in the plumbing.

If you have questions about how to get your water tested, call the Vermont Health Department at **(802) 863-7220** or **1-800-439-8550**.

Getting Bottles Ready to Fill

All new bottles and nipples, including those used with disposable liners, should be washed and sterilized before the first use. All equipment except for the nipples can be sterilized on the top rack of the dishwasher, or in boiling water for five minutes. Nipples should only be boiled in water for five minutes.

Between feedings, all equipment should be washed in hot soapy water using a bottle/nipple brush.

Be sure to remove all milk, especially in nipples. Push water through the nipple with your finger to unplug the holes.

Use disposable liners only once.

Warming the bottle

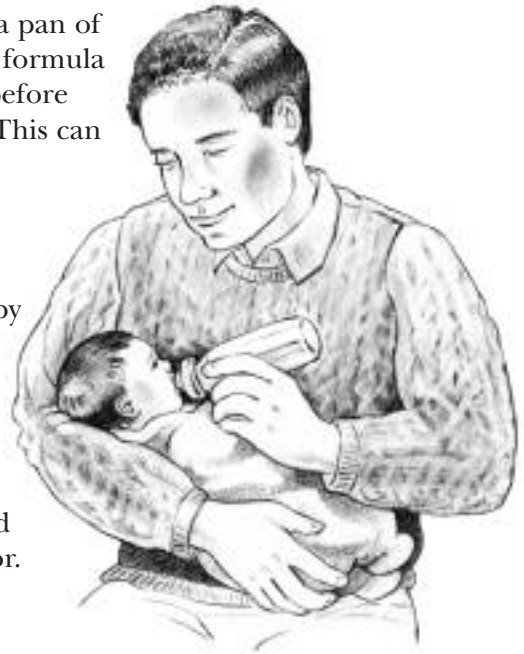
You don't have to warm the formula, but babies like it that way. To warm the bottle, place it in a pan of warm water. Test the temperature of the formula on your wrist or the back of your hand before feeding. NEVER use a microwave oven. This can cause uneven heating and severe burns.

What kind of bottle should I use?

Start with bottles that hold four ounces then move up to a larger size as your baby begins taking four ounces at a feeding.

What Kind of Nipple Should I Use?

There are many different shapes and sizes: standard, orthodontic and nipples for preemie or older babies. You will find one that your baby likes by trial and error.



Make Feeding Time Cozy and Happy for You and Your Baby

Cuddle and enjoy your baby while you feed her. Look into your baby's eyes, and talk or sing to her. You can stimulate your baby by switching the arm you use to hold her at each feeding.

Burping Your Baby

Burping may make your baby feel better, however it is not always necessary to get a burp. If she doesn't burp within a minutes, she may not need to. Three ways to burp your baby:

- Put her head over your shoulder and gently rub her back upwards.
- Lay her over your lap, stomach side down and gently rub her back.
- Sit her on your lap, with your hand supporting her chest and chin. Gently rub her back.

It is common for babies to spit up a little formula when being burped. After burping, you can clean your baby's gums with a soft, clean cloth.

Environmental Exposures to Chemicals¹

Infants and young children are most vulnerable to harmful effects of toxic chemicals due to their rapid growth and development. Ask your baby's health care provider about reducing their risk of exposure.

Phthalates are chemicals added to PVC plastic to make it soft, more flexible and last longer. *Phthalates are found in squeeze toys, rattles, pacifiers, teethers, sippy cups and baby bottles.* Exposures to phthalates are linked to premature birth and birth defects, and may interference with normal development of the fetus, hormone functioning, early onset of puberty, allergies, asthma and cancer.

1. For more information: www.environmentcalifornia.org or www.ourstolenfuture.org.

Bisphenol A (BPA) is a synthetic estrogen hormone used to make hard polycarbonate (PC/PVC) plastic. *PC plastic is commonly found in items such as baby bottles, reusable water bottles, sippy cups, and microwaveable plastic containers.* Exposure to low doses of BPA are linked with disrupted fetal development, miscarriage, and normal functioning of hormonal and immune systems. BPA can also cause hyperactivity and increased aggression, and lead to learning difficulties, early puberty, obesity and diabetes.

How To Prevent Early Childhood Caries (Rotten Teeth)

You can take a few simple steps to help protect your baby's new smile. Baby teeth are just as important as adult teeth. They are important for eating, speech, self esteem and to hold the space for adult teeth. Sometimes parents don't realize that a baby's teeth can decay soon after they appear in the mouth.

- From birth, wipe your baby's gums or teeth with a clean, damp washcloth
- Consider breastfeeding your baby. Breastfed babies have a lower risk of cavities.
- Use only water if you give your baby a bottle at naps and/or bedtime.
- If you get your drinking water from a well or spring, know the level of fluoride in the water. Get a free water test for fluoride from your doctor or dentist.
- Schedule your baby's first visit to the dentist by their first birthday, or as recommended by your doctor.
- If you have questions about your child's oral health, call 1-888-9VT-SMILE or visit www.smilevt.org.

Infant Care

Once your baby has arrived, it is normal to feel overwhelmed by the responsibilities of taking care of him. The birthing center nurses are happy to help you with any questions. Don't be afraid to ask. There are no silly or dumb questions.

This may be your first time being a parent and there is a lot to learn. If you are experienced, this may be very different from previous births.

You will be given a lot of information before discharge from the hospital and soon will be well acquainted with taking care of your new baby. Bathing, changing diapers, dressing, feeding, burping and soothing your crying baby will become everyday activities. Right from birth, special care is given to caring for your baby's belly button. If you have a boy you will learn to care for either his circumcised or uncircumcised penis.

Other important baby topics you will observe and learn about right away are:

- Skin, eye and ear changes
- Breathing, hiccupping and sneezing
- Normal infant behavior and movements
- Taking a temperature
- When to call your pediatric health care provider
- Newborn screenings, including a hearing screening

Infant safety is an important subject to learn more about. You will need to prepare for:

- Leaving the hospital with an approved car seat
- Preventing choking or suffocation
- Preventing burns or falls
- Keeping appointments for well child check-ups and immunizations (preventive health care)

■ Providing a safe sleep environment at all times to reduce the risk of an unexpected infant death. Recommendations are to:

- Always place your baby on his back to sleep. Side sleeping is not advised.
- Use a firm mattress, which fits closely to the sides and bottom of the crib. Keep pillows, soft bedding and stuffed toys out of the crib.
- Keep his head and face uncovered. Use a one-piece sleeper or one light cover, tucked in at the bottom and sides of the crib that reaches no farther than his chest.
- Dress you baby without over-bundling him. Keep a room temperature that is comfortable for a lightly clothed adult.
- A baby should sleep in a smoke free environment.
- Never let a baby fall asleep in a bed or chair with someone who is smoking, tired or ill, has taken medications, drugs, alcohol, or substances that cause drowsiness, or is extremely overweight.
- Babies should not sleep in the same bed as other children or adults. Babies may be brought into bed for feeding or comforting, but should be returned to their own crib when they are ready for sleep.
- It is not safe to leave a baby in the car seat to nap or sleep in the house. Use a crib or bassinet.

Before you leave the hospital

Before you leave the hospital, you will receive *Growing Up Healthy: A Guidebook for New Families*. This is also free and has lots of information about infant and child care from birth through age five including your growing child, keeping your child safe, healthy environments, healthy eating, and choosing out-of-home child care. Be sure to ask for a copy if you don't have one by the time you go home.

Welcome to your new baby and best wishes to you and your family as you continue to discover the joys of being a parent!





Resources

While our guidebook is intended to cover all basic information from conception through six weeks postpartum, you are encouraged to learn all you can during your pregnancy. Below is extra information about services for families which are available in your community.

We have included a reading list, starting on page 161. A number of booklets and pamphlets are available free from your health care provider, your home visitor, or the Vermont Department of Health. Many libraries have a section for parenting books. Your local library can order books through inter-library loan if they don't have what you are looking for. You may want to begin a library of your own with books purchased at local bookstores or through the Internet.

Keep the *Path to Parenthood* and use it as a resource whenever you have questions, need assistance, or a community resource number. It is our sincere wish that the next months and years bring you and your family health and happiness as your child grows.

Local Programs for Pregnant and Postpartum Women

The Children's Integrated Services Program(CIS)

The Children's Integrated Services Program (CIS) provides a continuum of prevention and early intervention services for pregnant and postpartum women, and for children and their families birth to school age. The CIS program integrates three services: maternal child health/family support, early childhood and family mental health and early intervention/Part C. The CIS goal is to provide holistic services that result in positive child and family outcomes.

CIS includes outreach to communities and families, identification and referral of children and families who may benefit from services; assessment, evaluation and individualized child and family outcomes planning; and the delivery of care and transition services.

To find out more about The Children's Integrated Services Program, call the Child Development Division at 1-800-649-2642 or (802) 241-3110, or visit www.cddvt.org.

- To find out more about maternal child health/family support services, call **1-800-649-4357** or the VT Department of Health office nearest you or see List of VT Agencies by County beginning on page 173 in this book.
- To ask about concerns or questions about your child's development or to access early intervention/Part C, call **1-800-870-6758**.
- To find out more about early childhood mental health services, call (802) 241-2630, your local mental health center, or see page 192 in this book for additional resources.

Building Bright Futures

Building Bright Futures (BBF) seeks to assure that all Vermont children are healthy and successful by improving the quality, affordability and accessibility of services for families with children under the age of six in the areas of health, early care and education.

Building Bright Futures relies upon parents, early childhood professionals, and all community members to assure that all Vermont children are healthy and successful.

For more information, visit www.buildingbrightfutures.org

WIC (Special supplemental Nutrition Program for Women, Infants & Children)

WIC is a program of the Vermont Department of Health for pregnant, postpartum and breastfeeding women, infants and children up to age 5. WIC provides information on healthy eating, nutritious foods to supplement your diet and referrals to health care. WIC also gives breastfeeding information and free breast pumps to women returning to work or school. Many working families are surprised to find that they are eligible for WIC benefits because their income falls within the federal guidelines for assistance. Call 1-800-464-4343, the nearest health department or visit www.healthvermont.gov for more information.

Additional Reading

Pregnancy, Birth and Postpartum

Bing, E. *Six Practical Lessons for an Easier Childbirth*. Bantam Books, 1994. Good basic explanation of the Lamaze Method of preparation for birth. Fully illustrated.

Bittman, S. and Zalk, S. *Expectant Fathers*. Ballantine Books, 1980. Thoroughly and sensitively addresses the issues and offers the guidelines to men that will prove helpful during and after the pregnancy.

Brott, A. and Ash, J. *The Expectant Father, Facts, Tips and Advice for Dads-to-be*. Abbeville Press, 1995. A month by month guide for the emotional, physical and financial changes fathers-to-be experience.

Curtis, G. *Your Pregnancy Questions and Answers*. Fisher Books, 1995. Over 1200 questions with straightforward, informative answers.

Hotchner, T. *Pregnancy and Childbirth-The Complete Guide for a New Life*. Avon Books, 1997.

Provides information on all aspects of pregnancy and birth. Very comprehensive. An excellent resource book.

Kitzinger, S. *The Experience of Childbirth*. Penquin Press, 1990. Reviews relaxation and breathing techniques with emphasis on the psychological elements of pregnancy and birth.

Kitzinger, S. *The Complete Book of Pregnancy and Childbirth*. Knopf Publishing, 1997. A comprehensive guide to pregnancy and childbirth that is fully illustrated. Contains photographs, drawings and diagrams.

Nilsson, I. and W. A. *Child is Born*. Dellacorte, 1990. Excellent pictures and explanations of intrauterine growth.

Sears, W. and Sears, M. *The Birth Book*. Little, Brown, 1994. Written by pediatric specialists and parents of eight children.

Simkin, P. Whalley, J. and Keppler, A. *Pregnancy, Childbirth, and the Newborn*. Meadowbrook Press, 1991. A comprehensive guide to pregnancy and birth.

Stanway, P. *New Guide to Pregnancy and Child Care*, Simon & Schuster, 1994. Guide to pregnancy and baby care. Wonderful photographs.

Vermont Postpartum Task Force. *Life After Childbirth*, 1996. A workbook to help families prepare for the postpartum period. Available from your health care provider or the Vermont Department of Health.

Exercises

Bing, N. *Moving Through Pregnancy*. Macmillan Company, 1975. A concise and well-illustrated book to help prepare for childbirth using ordinary tasks.

Butler, JM. *Fit and Pregnant, The Pregnant Women's Guide to Exercise*. Acorn Publishing, 1996. Learn how to safely exercise before, during and after pregnancy.

Noble, E. *Essential Exercises for the Childbearing Year*. New Life, 1995. Comprehensive exercise book for pregnancy and postpartum. Recovery from Cesarean birth is also discussed.

Scattergood, E. *Mother and Baby Exercise*. Ward Lock, 1995. A complete exercise guide from pre-pregnancy to six months postpartum.

Diet and Nutrition

Hess, MA. and Hunt, AE. *Eating for Two, the Complete Guide to Nutrition during Pregnancy*. Macmillan Company, 1994.

Breastfeeding

Eiger, M and Olds, S. *The Complete Book of Breastfeeding*. Bantam Books, 1987. A thorough source of information on the mechanics and psychological aspects of breastfeeding presented in an open minded manner. Also supports the working mother or one who uses supplemental bottles.

Huggins, K. *The Nursing Mother's Companion*. Harvard Common Press, 1995. Helpful, practical guide to support nursing mothers.

Kitzinger, S. *Breastfeeding Your Baby*. Alfred A. Knopf, 1998. A complete guide with questions and answers when problems arise. A good section on drugs that are safe to take while nursing.

La Leche League International. *The Womanly Art of Breastfeeding*, 2004. Revised and comprehensive. A definitive guide for nursing mothers.

Mason, D. and Ingersoll, D. *Breastfeeding and the Working Mother*. St. Martin's Griffin, 1997. Strategies for different job situations.

Mohrbacker, N. and Stock, J. *The Breastfeeding Answer Book*. La Leche League International, 2003.

Newman, J. and Pittman, T. *The Ultimate Breastfeeding Book of Answers*. Prima Publishing, 2000. A comprehensive problem-solution guide to breastfeeding.

Pryor, K. *Nursing Your Baby*. Pocket Book, 1972. Recommended by the La Leche League, this is complete, thorough and supports the committed, full-time breastfeeding mother.

Pryor, G. *Nursing Mother Working Mother*. Harvard Common Press, 1996. A good guide for getting started back to work while breastfeeding. Also contains basic breastfeeding information.

Renfrew, M. Fisher, C. and Arms, S. *Bestfeeding: Getting Breastfeeding Right for You*. Celestial Arts, 2004. Easy to read and comprehensive guide.

Rosenthal, MS. *The Breastfeeding Sourcebook*. Lowell House, 1998. An excellent sourcebook that deals with many issues of breastfeeding, from engorgement to feeding in the workplace.

Parenting

Brazelton, T. *Infants and Mothers*. Dell Publishing, 1983. Descriptions of the interactions between quiet, average and active babies and their families during the first year of life. Shows how different infants can be. Very helpful if your baby is different than you were expecting!

Brazelton, T. *On Becoming a Family-The Growth of Attachment*. Dell, 1992. This book deals with the process of falling in love and staying in love with your baby.

Eisenberg, A. Murkoff, H. and Hathaway, S. *What to Expect in the First Year*. Workman Publishing, 1996. A comprehensive month by month guide.

Leach, P. *Your Baby and Child*. Knopf, 1997. Thorough and comprehensive advice and information sensitively offered on each stage of development. Also provides information on such subjects as how to give a baby a bath and handling a baby. Over 650 illustrations are a bonus.

Kendall-Tackett, K. *The Hidden Feelings of Motherhood*. New Harbinger Publications, 2001. Useful suggestions on coping with stress, depression, and burnout.

Noble, E. *Having Twins*. Houghton Mifflin, 1991. Deals with all aspects of multiple births, preventing prematurity, bonding and child care.

Princeton Center for Infancy and Early Childhood, ed. by F. Caplan. *The First Twelve Months of Life*. Perigee Book, 1993. Definitive guide for month by month development.

Sears, W. and Sears, M. *The Baby Book*. Little, Brown, 2004. Comprehensive baby book written by pediatric specialists and parents of eight children. Clearly written and very helpful.

Shevlov, S. and Hannemann, R. *Caring for your Baby and Young Child: Birth to Age 5*. American Academy of Pediatrics, 1998. Written by nation's leading specialists in pediatrics, the book provides up to date information on all aspects of child care from immunizations, brain development, car seat safety to critical parenting issues. Gender neutral with lots of color illustrations. An excellent resource.

Department for Children & Families. *Growing Up Healthy: A Guidebook for New Families*.

A comprehensive information resource and workbook for following the development of your child from birth through age five. Given out at the hospital after delivery to take home with you. Free.

Spock, B. *Baby and Child Care*. Dutton, 1998. Thorough coverage of the medical and physical aspects of infancy and childhood. A good reference for middle of the night crises!

Postpartum Depression

Kleiman, K. and Raskin, V. *This Isn't What I Expected*. Bantam Books, 1994. A thorough guide to recognizing and recovering from postpartum depression.

Roan, S. *Postpartum Depression*. Adams Media, 1997. Comprehensive information and solutions to regain health.

Shields, Brooke. *Down Came the Rain: My Journey Through Postpartum Depression*. Hyperion, 2005. A personal account of one woman's experience with postpartum depression.

Siblings

Malecki, M. *Mom and Dad and I Are Having A Baby*. International Childbirth Education, 1982. Picture book to prepare children of all ages to be present at birth.

Employment

Goldman, K. *Working Mothers 101*. Garrett Press, 1998. Practical strategies to organize your life with a family and career.

Mason, Linda. *The Working Mother's Guide to Life: Strategies, Secrets, and Solutions*. Three Rivers Press, 2002. Many mothers share their stories and strategies for balancing work and motherhood.

Sachs, Wendy. *How She Really Does It: Secrets of Successful Stay-At-Work Moms* (Hardcover). Da Capo Lifelong Books, 2005. Stories from working mothers illustrating the many ways to find balance. Updated July 2005

Maternity Insurance Coverage

Questions to Ask Your Insurance Company

We suggest that you call your health insurance company early in pregnancy. This will help you to plan your care during and after your pregnancy. Use this worksheet to guide you in what to ask.

Have no insurance? Call the Vermont Health Access Program (VHAP) at **1-800-250-8427**. Ask about programs that may help you with health care costs.

Write In

Write in the information from your insurance identification (ID) card or paper in the blanks below. Keep the ID and this paper with you.

Your name:

Name of insurance plan:

Insurance telephone number:

Insurance ID:

Person you spoke with:

Date:

Time:

General Questions

1. Is there anything special I need to do to receive maternity benefits (such as sign up or be referred by my primary care provider)?

2. How can I get payment approved for services when I need them?

3. Can payment be approved on weekends or holidays?

4. How many weeks of services will be covered after I have the baby?

5. Other questions?

Questions for BEFORE the Birth

Ask About:	Insurance Pays?		If Yes, How Much?
	Yes	No	
Tests like blood tests, ultrasounds, amniocentesis, stress tests	Yes	No	
Genetic counseling	Yes	No	
Hospital stays for problems	Yes	No	
ER visits (note: never wait if it's an emergency, no matter what the insurance covers if waiting could be risky for you and the baby.)	Yes	No	
Nursing home visits during pregnancy	Yes	No	
Homemaker visits if I need to be on bed rest	Yes	No	
Childbirth preparation classes	Yes	No	
Breastfeeding classes	Yes	No	
Parenting classes	Yes	No	
Classes for siblings (brothers/sisters) for the birth	Yes	No	

Questions Related to the Birth

Ask About:	How Much Hospital Time Covered?		How Much of Costs Paid?
Mom with a vaginal birth			
Mom with a Cesarean section			
Mom with birth problems			
Baby with problems			
Baby without problems			
Mom if the baby needs to stay longer for medical reasons			
Homebirth services if desired			
Other	Insurance Pays?		If Yes, How Much of Cost Paid?
Trained labor coach/support person (doula)	Yes	No	

Questions for AFTER the Birth

Ask About:	Insurance Pays?		If Yes, How Much?
Circumcision for a baby boy, if desired	Yes	No	
Home nursing or family support services	Yes	No	
Home visits by a lactation consultant	Yes	No	
Electric breast pump rentals	Yes	No	
Other benefits available? If yes, what are they?			

Need More Help with Services?

- Talk with your doctor, nurse midwife, or nurse.
- Call the nearest Vermont department of Health Office to find out about services like WIC, and health insurance like Dr. Dynasaur or Medicaid. Check the community resource list for the number of the office near you, or call toll-free: **1-800-828-2900**.
- Call the Child Development Division, Department of Children and Families for information on child care subsidy assistance, resource and referral, prevention and early intervention programs at **1-800-649-2642**.
- For questions about information given to you by your insurance company call the Vermont Division of Health Care Administration at **1-800-828-2900** or toll-free at **1-800-631-7788**.

Community Resources

Vermont has a system of services to support expectant and new families as they journey on the path to parenthood. No matter where you live in the state, you can find answers to your questions or concerns.

They can help you find a dentist or arrange transportation to a medical appointment. Many services are free or there is a sliding scale, which charges only what you can afford to pay.

In this section, we have included resource names and contact information for both local and statewide organizations. Toll-free numbers have been included when available.

State County Numbers: (Health Departments, Hospitals, Home Health Agencies & Parent/Family)	page 173
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Pregnancy Services	page 182
--------------------	----------

Prenatal and Childbirth Classes	page 183
---------------------------------	----------

Breastfeeding	page 187
---------------	----------

Parenting, Family Support & Childcare	page 188
---------------------------------------	----------

Financial Aid/Housing/Food	page 189
----------------------------	----------

Safety (Car Seats, Lead)	page 190
--------------------------	----------

Child/Family & Sexual Abuse	page 191
-----------------------------	----------

Mental Health/Substance Abuse	page 192
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Jobs and Training	page 193
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List of Vermont Agencies by County

ADDISON COUNTY

Vermont Department of Health

700 Exchange St., Suite 101
Middlebury, VT 05753-1529

Phone: (802) 388-4644

Toll-Free: 1-888-253-8804

Addison County Home Health

PO Box 754
Middlebury, VT 05753

Phone: (802) 388-7259

Porter Medical Center

115 Porter Drive
Middlebury, VT 05753

Phone: (802) 388-4701

Addison County Parent Child Ctr.

126 Monroe Street
Middlebury, VT 05753

Phone: (802) 388-3171

* FITP Site

BENNINGTON COUNTY

Vermont Department of Health

324 Main St, Suite 2
Bennington, VT 05201-1998

Phone: (802) 447-3531

Toll-Free: 1-800-637-7347

Southwestern Vermont Health Care

100 Hospital Drive
Bennington, VT 05201

Phone: (802) 442-5502

Southwestern Vermont Medical Ctr.

100 Hospital Drive
Bennington, VT 05201

Phone: (802) 442-6361

Toll-Free: 1-800-543-1624

* FITP Site

Manchester Health Services

5468 Main Street
Manchester Center, VT 05255

Phone: (802) 362-2126

Sunrise Family Resource Center

226 Union Street
Bennington, VT 05201

Phone: (802) 442-6934

CALEDONIA COUNTY

Vermont Department of Health

67 Eastern Ave., Suite 1
St. Johnsbury, VT 05819-2638
Phone: (802) 748-5151
Toll-Free: 1-800-952-2936

Caledonia Home Health Care

161 Sherman Drive
St. Johnsbury, VT 05819
Phone: (802) 748-8116
Toll-Free: 1-800-924-8116

Northeast Kingdom Human Services

560 Railroad Street
St. Johnsbury, VT 05819
Phone: (802) 748-6609
Toll-Free: 1-800-870-6758
* FITP Site

NEKCA Parent-Child Center

506 Portland Street
St. Johnsbury, VT 05819
Phone: (802) 748-6040
Toll-Free: 1-888-748-6040

Northeastern Vermont Regional Hospital

1315 Hospital Drive
St. Johnsbury, VT 05819
Phone: (802) 748-8141

CHITTENDEN COUNTY

Vermont Department of Health

1193 North Ave., Suite 1
Burlington, VT 05408-2749

Phone: (802) 863-7323

Toll-Free: 1-888-253-8803

Visiting Nurses Assoc. of Chittenden & Grand Isle/ Maternal-Child Health Services

1110 Prim Road, Suite One
Colchester, VT 05446

Phone: (802) 658-1900

Fletcher Allen Health Care (FAHC)

111 Colchester Ave.
Burlington, VT 05401

Phone: (802) 847-0000

Toll-Free: 1-800-358-1144

Lund Family Center

76 Glen Road
Burlington, VT 05401

Phone: (802) 864-7467

Toll-Free: 1-800-639-1741

Milton Family Community Center

23 Villemaire Lane
Milton, VT 05468

Phone: (802) 893-1457

Parent to Parent

600 Blair Park Road, Suite 240
Williston, VT 05495

Phone: (802) 764-5294

Toll-Free: 1-800-870-6758

* FITP Site

ESSEX COUNTY

Vermont Department of Health

100 Main St. Suite 220
Newport, VT 05855

Phone: (802) 334-6707

Toll-Free: 1-800-952-2945

Orleans Essex Visiting Nurses Association & Hospice

3 Lakemont Rd.
Newport, VT 05855

Phone: (802) 334-5213

North Country Hospital

189 Prouty Drive
Newport, VT 05855

Phone: (802) 334-7331

Toll-Free: 1-800-750-7331

NEKCA Parent-Child Center

506 Portland Street
St. Johnsbury, VT 05819

Phone: (802) 748-6040

Toll-Free: 1-888-748-6040

(For hospital and FITP site, also see Caledonia County.)

FRANKLIN COUNTY

Vermont Department of Health

20 Houghton Street, Suite 312
St. Albans, VT 05478-2248

Phone: (802) 524-7970

Toll-Free: 1-888-253-8801

Franklin County Home Health

3 Home Health Circle, Suite 1
St. Albans, VT 05478

Phone: (802) 527-7531

Northwestern Medical Center

133 Fairfield Street
St. Albans, VT 05478

Phone: (802) 524-1234

Birth Center Phone: (802) 524-1040

The Family Center

75 Fairfield Street
St. Albans, VT 05478

Phone: (802) 524-6574

* FITP Site

In A Family Way

10 Crest Road
St. Albans, VT 05478

Phone: (802) 527-1064

GRAND ISLE COUNTY

Visiting Nurses Assoc. of Chittenden & Grand Isle/ Maternal Child Health Services

1110 Prim Road, Suite One
Colchester, VT 05446

Phone: (802) 658-1900

Champlain Islands Parent Child Center

22 Lake Street
Alburt, VT 05440

Phone: (802) 796-3013

(For Vermont Department of Health local offices, parent child centers,
and FITP sites, also see Chittenden and Franklin counties.)

LAMOILLE COUNTY

Vermont Department of Health

63 Professional Drive

Morrisville, VT 05661

Phone: (802) 888-7447

Toll-Free: 1-888-253-8798

Lamoille Home Health Agency

54 Farr Avenue

Morrisville, VT 05661

Phone: (802) 888-4651

Copley Hospital

528 Washington Highway

Morrisville, VT 05661

Phone: (802) 888-4231

Birth Center: (802) 888-8304

Lamoille Family Center

480 Cady's Falls Road

Morrisville, VT 05661

Phone: (802) 888-5229

* FITP Site

ORANGE COUNTY

Vermont Department of Health

226 Holiday Drive, Suite 22

White River Junction, VT 05001

Phone: (802) 295-8820

Toll-Free: 1-888-253-8799

Visiting Nurses Assoc. of VT & NH

Maple Street

Randolph, VT 05060

Phone: (802) 728-6100

(802) 295-2604

Gifford Medical Center

44 Main Street

Randolph, VT 05060

Phone: (802) 728-7000

Orange County Parent Child Center

Bradford Academy

Main Street

Bradford, VT 05033

Phone: (802) 685-2264

Dartmouth-Hitchcock Medical Center

1 Medical Center Drive

Lebanon, NH 03756

Phone: 1-603-650-7281

The Family Place

319 US Rte 5 South

Norwich, VT 05055

Phone: (802) 649-3268

Toll-Free: 1-800-639-0039

* FITP Site

ORLEANS COUNTY

Vermont Department of Health

100 Main Street, Suite 220

Newport, VT 05855

Phone: (802) 334-6707

Toll-Free: 1-800-952-2945

North Country Hospital

189 Prouty Drive

Newport, VT 05855

Phone: (802) 334-7331

Toll-Free: 1-800-750-7331

(See also Caledonia County for hospital)

Orleans Essex North Supervisory Union

190 Citizens Road

Newport, VT 05855

Toll-Free: 1-800-253-6621

*FITP Site

Orleans-Essex Visiting Nurses

Assoc. & Hospice

3 Lakemont Road

Newport, VT 05855

Phone: (802) 334-5213

NEKCA Parent-Child Center

Development Program

32 Central St.

Newport, VT 05855

Phone: (802) 334-4072

Toll-Free: 1-800-639-4065

RUTLAND COUNTY

Vermont Department of Health

300 Asa Bloomer State Office Building
Rutland, VT 05701

Phone: (802) 786-5811

Toll-Free: 1-888-253-8802

Rutland Visiting Nurses Assoc.

1 Albert Cree Drive
Rutland, VT 05701

Phone: (802) 775-0568

Toll-Free: 1-800-244-0568

Rutland Regional Medical Center

160 Allen Street
Rutland, VT 05701

Phone: (802) 775-7111

Birthing Center: (802) 747-3688

Rutland County Parent Child Center

61 Pleasant Street
Rutland, VT 05701

Phone: (802) 775-9711

Toll-Free: 1-800-974-2034

*FITP Site

Rutland County Parent Child Center at Brandon

34 Faivre Circle
Brandon, VT 05733

Phone: (802) 247-8251

WASHINGTON COUNTY

Vermont Department of Health

McFarland Office Bldg.
5 Perry Street, Suite 250
Barre, VT 05641

Phone: (802) 479-4200

Toll-Free: 1-888-253-8786

Central Vermont Home Health & Hospice

600 Granger Road
Barre, VT 05641

Phone: (802) 223-1878

Central Vermont Medical Center

130 Fisher Road
Berlin, VT 05602

Phone: (802) 371-4100

Birthing Center Phone: (802) 371-4299

The Family Center of Washington County

32 College Street
Montpelier, VT 05602

Phone: (802) 828-8765

*FITP Site

WINDHAM COUNTY

Vermont Department of Health

232 Main Street, Suite 3
Brattleboro, VT 05301-4806

Phone: (802) 257-2880

Toll-Free: 1-888-253-8805

Visiting Nurses Assoc. of VT & NH

1 Holstein Place, Suite 311
Brattleboro, VT 05301

Phone: (802) 257-4390

Toll-Free: 1-800-575-5162

Brattleboro Memorial Hospital

17 Belmont Avenue
Brattleboro, VT 05301

Phone: (802) 257-0341

Early Education Services

130 Birge Street
Brattleboro, VT 05301

Phone: (802) 254-3742

Winston Prouty Center

10 Oak Street
Brattleboro, VT 05301

Phone: (802) 258-2414

Toll-Free: 1-800-281-7852

*FITP Site

WINDSOR COUNTY

Vermont Department of Health

100 Mineral Street, Suite 104
Springfield, VT 05156

Phone: (802) 885-5778

Toll-Free: 1-888-296-8151

Springfield Hospital

25 Ridgewood Road
Springfield, VT 05156

Phone: (802) 885-2151

Birth Center ext: 511

Visiting Nurses Association of VT & NH

46 South Main Street

White River Jct., VT 05001

Phone: (802) 295-2604

Toll-Free: 1-800-575-5162

Springfield Area Parent Child Center

Two Locations:

2 Main Street

North Springfield, VT 05150

Phone: (802) 886-5242

*FITP Site

22 Myrtle Street

Springfield, VT 05156

Phone: (802) 885-3285

Toll-Free: 1-800-808-4442

Pregnancy Services

Birthright 865-0056

Confidential help in unplanned pregnancy decisions, free pregnancy tests.

CareNet Pregnancy Center 658-2184

Free pregnancy tests, information/support to help get you through pregnancy and the adjustment to early parenting, starter layettes.

The Children's Integrated Services Program 1-800-649-4357

Child Development Division, Department for Children & Families

Prenatal & postpartum prevention, education, and early intervention services. See county chart for local numbers.

Help Your Baby Pregnancy Line 1-800-649-4357

Help with getting pregnancy-related services. All calls are confidential.

Home Health Agencies

Prenatal and postpartum evaluation, home visits for support and education. See local listing by county.

Lund Family Center 864-7467 or 1-800-639-1741

A parent/child center serving pregnant and parenting young women. Offers live-in and community programs and adoption services.

Mama Doula 735-1430

Provides in-home care for mothers on bedrest and new mothers; household help, laundry, cooking, infant and sibling care, errands and much more!
www.MamaDoulaVt.com

Planned Parenthood Burlington 863-6326 or 1-800-230-7526

Annual exams, infection checks, sexually transmitted infections, contraceptives, emergency contraceptives, pregnancy testing.

Vermont Department of Health 1-800-464-4343

WIC nutrition and breastfeeding education. See county chart for local telephone numbers.

Visiting Nurse Association of Chittenden and Grand Isle County 658-1900

Prenatal and postpartum evaluation, home visits for support and education. See county listing for local VNA numbers.

Prenatal and Childbirth Classes

ADDISON COUNTY

Porter Medical Center 382-3413

Prepared childbirth, breastfeeding, sibling, prenatal and postpartum exercise classes held in Middlebury. Most classes are evenings and Saturdays. Medicaid and Healthy Babies insurances accepted. Flexible payment options and sliding fee scales available.

BENNINGTON COUNTY

Southwestern Vermont Medical Center 447-5277 or 447-5160

SVMC offers a six-week childbirth preparation series or a weekend class. Other classes offered are Hypnobirthing, Breastfeeding, Baby Care Basics, Sibling Preparation, Infant CPR, and Prenatal Yoga classes. A “Sharing to Heal” support group is available for pregnancy loss. Medicaid accepted.

CALEDONIA COUNTY

The Birth Center at Northeastern Vermont Regional Hospital 748-7339 or 748-7333

The Birth Center offers a six-week childbirth preparation series which covers labor and delivery and includes breastfeeding and parenting. Medicaid acceptable.

CHITTENDEN/ GRAND ISLE COUNTY

Beginnings: A Center for Childbirth and Parenting Education 658-5959

Beginnings offers a six week (2 hour/class) preparation for childbirth program, including Sunday classes (4 hours/class) and private instruction are available as well. Other classes offered include: parenting, breastfeeding, sibling preparation, and infant CPR. Refresher in childbirth and VBAC (Vaginal Birth after Cesarean) programs are offered as private sessions. Classes are offered in South Burlington and Williston. Medicaid insurance is accepted.

Birthways 899-4773

Birthways offers classes over seven weeks in Richmond. These are small classes of six to seven couples focusing on the mind-body connection and being an active participant in the birthing process. Breastfeeding classes are also offered. A sliding scale fee is available if needed.

Champlain OB-GYN 879-1802

Beginning June 2007, offers child birth and prenatal breastfeeding classes for everyone, in collaboration with Naturally You Childbirth. Also, on-going post delivery breastfeeding support available for patients only. Call for schedules and costs.

Janet S. Munt Parent Child Center (Family Room) 862-2121

Under the direction of the VNA. A primary prevention center where parents and children can learn and play. Monthly calendar of classes, programs and events.

Lund Family Center 864-7467

Childbirth Education classes available by request on an individual basis. Other parent education programs may be available.

Full Spectrum Midwifery 860-2229

Preparation for natural childbirth in an eight week series.

FRANKLIN COUNTY

Franklin County Home Health 527-7531 or 800-300-5013

Classes on childbirth, cesarean, refresher, and breastfeeding taught by certified instructors. Classes are held in St. Albans. Medicaid is accepted and a sliding scale fee is available.

LAMOILLE COUNTY

Copley Hospital 888-8302

Six-week childbirth preparation series is held on weeknights or a condensed two-day childbirth class on weekends. Breastfeeding, basic infant CPR, and car seat safety included in the series. Medicaid accepted.

ORANGE COUNTY

Gifford Medical Center 728-2257

Call the Birthing Center for information on childbirth preparation classes.

ESSEX/ORLEANS COUNTY

North Country Health System 334-5566 or 334-3286

North Country Hospital's Wellness Center offers a 12 hour, six-week prepared childbirth series in the evenings or a two-week Saturday sessions. Refresher class is also available. Medicaid accepted.

RUTLAND COUNTY

Visiting Nurse Association 775-0568

Classes are held at the VNA in Rutland. Childbirth preparation classes include Birth and Beyond, a six-week childbirth preparation series, or Birthshop, a one-day weekend class. Refresher and sibling preparation classes are also available. Medicaid is accepted.

Rutland Regional Medical Center – Women's and Children's Unit 747-3695

Free monthly breastfeeding classes are offered.

WASHINGTON COUNTY

Central Vermont Home Health and Hospice 223-1878

Central Vermont Home Health and Hospice offers individualized Childbirth Education to Medicaid eligible women enrolled in the Healthy Babies Program.

Central Vermont Medical Center 371-5901

CVMC offers on-going seven-week evening sessions and four-week Saturday sessions of prenatal education and birthing classes for women starting in their sixth or seventh month of pregnancy. Medicaid is accepted.

WINDHAM COUNTY

Birthing Center at Brattleboro Memorial Hospital 257-8226

The Birthing Center offers both a six-week Lamaze series and a one-day Birthshop class, refreshers, and hypnobirthing (for fee; Medicaid eligible). Free classes offered are: Baby Basics, Breastfeeding Basics, and Sibling Classes. Other free services include Training Camp for Dads and New Moms Network.

WINDSOR COUNTY

Birthing Center at Springfield Hospital 885-7511

Childbirth Education class is a 12 hour, three-week series designed to assist women and their partners for the process of labor and birth. Other courses include Refresher, Baby Basics, Breastfeeding, and Sibling Preparation. Medicaid accepted.

Breastfeeding Resources

Breastfeeding Support Services, Claire M. Lintilhac Nurse-Midwifery Service 847-1600

Breastfeeding education, counseling, and breast pump sales and rentals.

Center for Breastfeeding, Central Vermont Hospital 371-4415.

(Margaret O'Toole) Breastfeeding support, equipment, and pump rental.

Champlain OB-GYN 879-1802

Prenatal breastfeeding classes for any pregnant woman. Post-delivery breastfeeding support groups for Champlain patients only.

Lactation Resources of Vermont 878-6181

Chittenden County. Lactation consultation and electric pump rentals and equipment.

La Leche League 879-3000

Call for a list of local leader's phone numbers. Telephone counseling on breastfeeding, monthly groups for pregnant and nursing mothers, and information on breast pump rentals and sales.

La Leche League International 1-800-LA-LECHE

www.lalecheleague.org

Information about breastfeeding and how to find a leader in your area.

Professional Nurses Services, Inc. Burlington 655-7111 or 1-800-446-8773

Lactation Consultation, fee for service unless insurance coverage.

Visiting Nurse Association and Vermont Department of Health 1-800-464-4343

See Local County directory for a number in your area. Both offer lactation consultation.

Lactation Consultants (IBCLC)

Vermont Lactation Consultant Association (VLCA)

To find an International Board Certified Lactation Consultant (IBCLC) in private practice in Vermont, visit www.vlca.org

Parenting, Family Support & Childcare

Camel's Hump Family Programs 434-6450

Parenting education, playgroups, preschool, and cultural programs for Chittenden East families. Brewster Pierce School.

Care Connection 860-4440

Provides homemaker services, extended care nursing services, and childcare. Chittenden County area only.

Child Care Resource and Referral Center, Williston, VT 863-3367

Offers parents assistance with finding and choosing childcare. Information on eligibility for childcare and financial aid and assistance to apply.

Family, Infant and Toddler Program of Vermont (FITP) 1-800-870-6758

Help for Families of children with developmental delays, birth to three years of age.

The Family Center of Washington County 828-8765

Offers parenting education and support groups in Montpelier.

Janet S. Munt Parent Child Center (Family Room) 862-2121

Under the direction of the VNA. A primary prevention center where parents and children can learn and play. Monthly calendar of classes, programs, and events.

Mama Doula 985-8330

Provides in-home care for mothers on bedrest and new mothers; household help, laundry, cooking, infant and sibling care, errands and much more! www.MamaDoulaVt.com

Milton Family Community Center 893-1457 or 893-6502

A parent/child center for preschool enrichment, parenting education, and support groups.

Vermont 2-1-1

Information and referral hotline available to assist parents and child related issues. From cell phones call toll-free **1-866-652-4636**.

Parents Together 1-800-CHILDREN or 1-800-244-5373

Parenting support groups, phone help and education.

Parent to Parent of Vermont 1-800-800-4005

Support for families of children with a chronic illness or disability.

Vermont Parent Information Center (VPIC) 1-800-639-7170

Provides families of children with special needs information and support regarding their child's disability, the education process, and community resources.

Orange County Parent Child Center 685-2264

Welcome baby visits to families with newborns in Orange County. Parenting support and education, childcare, resource and referral.

Financial Aid/Housing/Food

Burlington Community Land Trust, Inc. 862-6244

Housing assistance.

Consumer Credit Counseling Service of NH & VT 1-800-327-6778

Provides home budget preparation, debt repayment, and negotiation with creditors, money management and use of credit. Call for an appointment and free counseling.

Fletcher Allen Health Care (FAHC) Patient and Family Services 847-3553

Provides assistance to FAHC patients with concerns about finances, health care insurance, planning for discharge, and coping with complicated hospital stays.

Ronald McDonald House 862-4943

Low cost accommodations for families of children who are ill and hospitalized.

WIC (Women, Infants & Children) 1-800-464-4343

Offers food to pregnant women and families with children up to five years of age. See also numbers for local health departments found under County specific numbers.

Safety (Car Seats, Environmental Exposures, Lead Poisoning)

Governor's Highway Safety Program 1-888-868-7328 or 1-888-VMT-SEAT

Information line addressing what every parent needs to know about car seats. Ask for the Child Transportation Safety Specialist.

Poison Center Helpline 1-800-222-1222

24-hour service for lay persons and professionals regarding poisons.

Vermont Department of Health 1-800-439-8550 (or local Health Dept number)

Environmental Health Hotline. For information on air or water quality, lead or pesticides

Vermont Lead-Based Paint Hazard Reduction Program 828-5064 (in Montpelier) or 1-800-290-0527

Financial and technical assistance to reduce lead hazards for eligible homeowners.

Vermont Lead Hotline and Childhood Lead Poisoning Prevention Program, Office of Environmental Health 1-800-439-8550

Free lead screening for children under six. Education, risks of lead poisoning, importance of screening and screening methods. Provides environmental assessment and follow-up for lead-poisoned children.

Vermont Occupational Safety and Health Administration 865-7730

Provides information on occupational and radiological health.

Vermont Quit Line Toll-free at 1-877-YES-QUIT

Telephone counseling service for smokers who want to quit as well as community cessation class referrals.

Child/Family Abuse

Domestic Violence Hotline 1-800-228-7395

For help protecting yourself and your baby.

Stop it Now! Vermont 247-0105 or 1-888-PREVENT (line open 1-5 PM)

Confidential help line prevention program to stop child sexual abuse.

Women Helping Battered Women – 24 hour Hotline 658-1996 or 1-800-228-7395

Emergency shelter, children's programs and advocacy with courts, housing and social services.

Women's Rape Crisis Center 863-1236 or 1-800-489-7273

Hotline and assistance for victims of sexual assault.

Vermont Center for Prevention & Treatment of Sexual Abuse 651-1663

A program for treatment needs of both sexual abuse victims and offenders. Resource center for prevention and treatment of children, teens and adults.

Vermont Department for Children and Families 1-800-649-5285

24 hour Hotline to report child abuse, protective services, foster care and refugee resettlement. During normal work hours call Waterbury (802) 241-3110 or Toll-free at 1-800-649-2642. After hours call 1-800-649-5285.

Vermont Network Against Domestic Violence and Sexual Assault (Montpelier) 223-1302 or 1-800-228-7395

Shelters and safe homes for battered women and their children. Provides counseling, support & legal services for victims of sexual assault.

Mental Health/Substance Abuse

Vermont 2-1-1 Information Line for the Community Mental Health Center in your area. Provides counseling, support and information for concerns about social, emotional and behavioral well-being. From cell phones call toll-free **1-866-652-4636**.

Alliance for the Mentally Ill of Vermont 1-800-639-6480 or 244-1396
Emotional support and information about mental illness, coping strategies and local services.

American Heart Association–Burlington 878-7700 or 1-800-639-6024
Child and infant CPR classes throughout Vermont.

American Red Cross 1-800-660-9130
Regular classes on child and infant CPR and/or first aid offered throughout Vermont.

Community Health Resource Center at Fletcher Allen 847-8821

First Call 864-7777
Referral crisis hotline, crisis intervention, case management or referral, especially regarding mental health issues.

Howard Center for Human Services-Mobile 863-2400
24-hour Hotline for mental health services Chittenden County only.

Office of Alcohol & Drug Abuse Programs (ADAP) 1-800-464-4343
Information about substance abuse and referral to local services including Alcoholics Anonymous, Al-Anon, AlaTeen, and Narcotics Anonymous.

Vermont Association for Mental Health 223-6263
Promotes mental health and mental health services for all Vermonters through public advocacy.

Vermont Lung Association 1-800-586-4872

Information about quitting smoking.

Jobs & Training

Community College of Vermont 241-3535 or 1-800-228-6686

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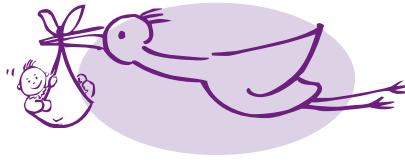
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Index

A

Abuse 48-49, 191, 192
 intimate partner 48-49
 sexual 48-49
 substance 36-37, 192
Activity 8, 21, 93, 106, 107
 and postpartum 126, 127
Afterpains 119
AIDS 46, 64, 98
Air bag 53, 102
Airport Metal Detectors 38
Alcohol 13, 15, 22, 36,
 60, 62, 122, 142, 192
 breastfeeding 144
 Fetal Alcohol Syndrome 36, 62
Amniocentesis 63
Amniotic fluid 63, 107
Anemia 21
 in newborn 45, 99
 sickle cell anemia 62
Anesthesia 114, 142
Apgar Score 115

B

Baby supplies 101
Backache 73
Beta Strep 65
Birth control 55, 129
 and breast feeding 128, 129
Birth defects 19, 22, 28, 37, 38, 121
 causes of 37, 42, 62, 68
Birth partner 91, 112, 114, 124

Birth wishes 92
Bisphenol A (BPA) 157
Blood pressure 63
 high or preeclampsia 75, 76, 122
Blood tests 63, 169
Bloody Show 106
Blues 124
Body changes 35, 70, 117, 128
Bottle feeding 99, 154-156
Bowel movement 119, 120
Braxton Hicks 72
Breast care 123
Breastfeeding 105-108, 123, 132-153,
 164, 187
 premature or sick babies 99
Breasts
 changes in pregnancy 11, 70

C

Caffeine 22, 23, 141
Car seat 101, 102, 103, 105, 158, 190
Carbon monoxide 41
Cat litter 42
Cervix 60, 64-66, 78, 105, 109-111
 culture of 65
Cesarean Birth 46, 101-102, 126, 127, 170
Chemicals (*see* hormones)
Chicken Pox 43
Childbirth education
 13, 91, 92, 94, 162, 183-186
Chorionic Villus 64
Circumcision 93, 171
Colostrum 70, 132, 133

Community Resources 172-189
 Computers 42
 Constipation 21, 28, 73, 74, 120
 Contractions . . 33, 72, 77, 78, 105-112, 119
 Braxton Hicks 72
 labor 105-112
 preterm 77-79
 Cord
 cutting of 92, 111
 Crying (*also see* Postpartum) 125
 Cystic Fibrosis 62, 63
 Cytomegalovirus 44

D

Dad (*see* Support Person)
 Dairy (*see* Nutrition) 14, 21-22, 121
 Dental health 69
 Depression (*see* Postpartum)
 Diabetes 65, 68, 113
 Diet 18-22, 121, 141, 164
 Dilation (*see* Cervix)
 Disaster Preparation 53-54
 Discomforts in pregnancy 73-74, 119
 Do's and Don'ts (*see* Healthy Habits)
 Drugs 15, 36, 37, 45, 46, 62, 98,
 122, 142, 159, 192
 illegal 13, 192

E

Emergencies 53-54
 Engorgement 123, 133, 143, 164
 Environmental Hazards 38-42
 Exercise 28-34, 126-127, 164
 in pregnancy 28-34
 Postpartum 126-127, 164
 Exposure to illness 43-47

F

Family Leave Law 51
 Family planning (*see also* Birth Control) 129
 Family Practice Physician 94
 Fat 18, 40, 121
 Fathers (*see also* Support Person) 13, 67, 165

Fatigue 11, 28, 35, 41, 70, 103, 128
 Fiber (*also see* Nutrition) 18, 21, 120
 Fifth's Disease 45
 Fish (*also see* Nutrition) 19, 21, 121
 mercury in fish 42, 142
 Folic Acid 18, 19, 121
 Food Groups 18
 Food Guide pyramid 20
 Formula 108, 153, 154-156
 Fruit (*see* Nutrition) 14, 18, 121

G

Genetics 62
 German Measles (Rubella) 43, 63
 Gestational Diabetes 65
 Glucose Challenge Test 65
 Glucose Tolerance Test 65

H

Hair changes 71, 120
 Hand washing 47
 Health professionals 17, 94, 95
 Healthy habits 14
 Heartburn 21, 73
 Hemorrhoids 74, 118, 119
 Hepatitis B 45, 63
 Herpes 46
 Hiccups 116
 HIV 35, 46, 64, 98
 Home visits 100, 103, 169
 Hormones
 and emotions 12, 124
 Hospital, what to bring 105
 Hot Tubs 41
 Housework 29, 126

I

Illness (*see* exposure to illness)
 Immunizations 53, 95, 166
 Infant care 13, 91, 103, 158
 classes 188
 Infection . . . 96, 99, 121, 123, 144-145, 182
 bladder 68, 73

breast 144
 circumcision..... 96
 infant 65, 79, 115
 postpartum..... 121
 sexually transmitted 35, 65
 Influenza 44
 Insurance, genetic counseling 62
 Insurance 103, 167-171
 postpartum coverage..... 171
 maternity questions to ask 167-171
 IUD's 131
 Iron 18, 22, 40, 63

K

Kegel exercise 29, 127

L

Labor 77-79, 93-100
 Lactation 98, 100, 132, 144-146, 187
 Lansinoh 123, 144
 Lead 22, 39, 40, 41, 143,
 155, 190
 Lochia 117
 Low birth weight 36, 39

M

Maternity Insurance 167
 Meat (*also see* nutrition).... 19, 24, 42, 121
 Meconium 107
 Mercury 42, 101, 142
 Microwave ovens 38
 Milk (*also see* nutrition) 18, 22, 24
 Miscarriage 76
 Morning sickness 24, 25
 Muscles 18, 29, 30, 33, 34, 73, 120, 127

N

Nausea 11, 24, 35, 41, 70, 130
 Neonatal Intensive Care Unit (NICU) .. 99
 Newborn facts 104
 Nipples
 breast 70, 100, 123, 132
 bottle..... 101, 155-156

sore..... 144
 Nutrasweet 38
 Nutrition
 prenatal 18-21
 postpartum 121, 147, 163
 while breastfeeding 141

O

Oral contraception..... 130
 Oral health 69, 157

P

Pain management in labor 96
 Pain medication 92, 114
 Pap Smear 60, 65, 66
 Parental leave 51
 Partner (*see* support person)
 Pediatric Nurse Practitioner 94
 Pediatrician 94
 Pelvic rock 30, 73, 127
 Perineal massage 110
 Perineum 111-112, 120
 care of postpartum 118
 Pesticides 38-39
 Phthalates 156
 Placenta..... 112
 Postpartum
 crying 12, 125
 depression 124, 125, 163
 exercise 126-127
 planning 115-116
 warning signs for infection..... 121
 Pregnancy
 changes in your body 35, 70-72, 117, 128
 dating of..... 55
 discomforts in pregnancy ... 73-74, 119
 signs of..... 11
 Prenatal care 11, 12, 17, 55, 79-90
 Preterm labor & delivery 77-79
 Preventative health care..... 122
 Protein (*see* nutrition)

Q

Quad Screen 68

R

RH factor 63, 67

Rubella 43, 63

S

Safety 48–50, 158–159

 newborn supplies 101

 car seats 102

Salt 21

Saunas 41

Seat belt 15, 48, 53

Sex

 in pregnancy 35, 64, 75

 postpartum 122, 128

Sexually transmitted disease 35, 60, 65, 131

Shortness of breath 74

Sibling preparation 91, 113, 166

Sickle cell anemia 62

Sitz bath 118

Skin changes 71, 120

Sleeping

 mother 14, 107, 125, 126

 infant 116, 138, 159

Smoking 13, 22, 36, 60, 142, 190

Snacks 105, 112, 155

Sore nipples 100, 134, 144

Stress 48, 166

 postpartum 126

Supplies

 baby 109

Support person 12, 13, 35, 36, 48–50,

 60, 64–65, 73, 91–92, 96,

 104, 112, 114–115, 128, 148

Swelling

 in pregnancy 21, 53, 71, 76

 postpartum 118, 119, 121

T

Tay Sachs 62

Temperature (*see* saunas)

Toxoplasmosis 42

Transition 109

Trauma 48

Travel 50, 53

Trimesters 56

Tuberculosis 47

U

Ultrasound 67

Urinary tract infection 68

Urine tests 68

Urination 11, 70, 73, 121

Uterus 33, 63–64, 66, 70–78, 97,

 105, 106, 109, 112, 113–114,

 118–120, 122, 129–131

V

Vaginal Birth after a Cesarean (VBAC) . . 102

Vaginal Bleeding 33, 63, 117, 121, 130

 postpartum (*see* lochia)

Vaginal discharge 74, 77, 78

Varicella (*see* chicken pox)

Varicose veins 71, 74

Vegetables (*see* nutrition) 14, 18, 21–22

 39, 121, 123

Vegetarian 22, 141

Vitamins (prenatal) 18–19, 21

W

Warning signs

 premature labor 77

 prenatal 76

Water

 in diet 14, 18

 well water 42

Weight gain

 pregnancy 20–21, 70

What to bring to the hospital 102, 105

WIC 25, 163

Work 50, 147

X

X-rays 42

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